

PUBLIC HEALTH REPORTS

VOL. 41

MARCH 26, 1926

NO. 13

THE RELATIONSHIP OF ENDEMIC GOITER TO CERTAIN POTENTIAL FOCI OF INFECTION

By ROBERT OLESEN, Surgeon, and NEIL E. TAYLOR, Acting Assistant Surgeon, United States Public Health Service

GENERAL CONSIDERATIONS

Whether or not goiter is caused by foci of infection is a question of manifest importance in both the prevention and treatment of the malady. Unfortunately, there appears to be no unanimity of opinion or uniformity of experience on the subject. The proponents of the iodine deficiency theory, believing the deprivation of iodine to be the principal if not the sole agent in the causation of goiter, seldom mention other possible etiological factors. Other observers, however, incline to the belief that foci of infection are definitely responsible for endemic goiter. Still others conclude, as the result of practical investigation, that there is no causal relation between such sources of infection and goiter. Consequently, the subject is surrounded by contradictory as well as confusing assumptions and statements.

During the course of a study in Cincinnati devoted primarily to the determination of the effects of endemic goiter upon physical growth, an opportunity was presented for making certain observations upon the condition of the teeth and tonsils. These facts have been correlated with the thyroid findings in an effort to discover, if possible, the existence of a possible relationship. In presenting this discussion the literature pertaining to the subject will first be reviewed briefly. Thereafter the scope and limitations of the study will be presented. Finally the results of the investigation will be given.

1. REFERENCES FROM THE LITERATURE

In this section a sufficient number of references will be cited to illustrate the trend of thought on the subject. The citations, of course, are far from complete, but, nevertheless, they illustrate the tendencies of experience and belief. Necessarily the opinions and the observations upon which they are based vary within wide limits.

Negative findings.—Categorical denial of the existence of a relationship between thyroid enlargement and foci of infection has been made by Hertzler (1). A study of the problem by Dillingham, one of Hertzler's assistants, resulted negatively.

Gamble (2) sent a questionnaire to physicians in Mississippi in order to learn their experience relative to the influence of focal infections upon the thyroid. The majority, contrary to Gamble's personal experience, had failed to note a correlation.

Foci of infection as cause of goiter.—The majority of the contributions to the literature on foci of infection as a cause of endemic goiter are positive and affirmative in character.

Harrower (3), for instance, believes that the coincident occurrence of oral and dental infections in simple goiter has been accurately demonstrated.

Evans (4) regards a deficiency of iodine as only one, although the most important, cause of goiter. In addition he cites bad teeth, infected tonsils, suppurations in the nose, digestive disturbances, mental shock, and other powerful emotions as responsible factors.

In addition to local infections, Perin (5) maintains that a calcium deficiency contributes to thyroid enlargement. Furthermore, in his opinion, goiter is caused by intestinal infection and a fat deficiency.

Bram (6) states that focal infections from teeth, tonsils, nasal sinuses, and, more remotely, from gastro-intestinal and genito-urinary affections, are commonly responsible for thyroid enlargement.

Other observers, while professing to believe that goiter is caused by foci of infection, are more cautious in expressing their opinions. Brown (7), for instance, mentions the possibility of a relationship between goiter and tonsillar infections. He inclines to the belief, however, that the tonsil is no more likely to be the focus of infection than any other nidus, e. g., sinuses, teeth, and gall bladder. Brown urges that throat specialists pay particular attention to the state of the thyroid in all cases of infected tonsils. All who treat thyroid disorders are urged by him to regard infected tonsils as a possible exciting factor.

Jackson (8), basing his conclusions upon an experience with 300 colloid goiters, believes that the removal of septic tonsils proves of some benefit in certain cases.

In discussing the indications for tonsillectomy, Greene (9) maintains that the diseased tonsil should be viewed with suspicion in the presence of thyroid enlargement. At the same time he warns that other foci of infection should not be overlooked.

Booth (10) has frequently noted improvement in adolescent goiter after foci of infection have been eliminated. He contends that goiter is the indirect result of focal or general infection rather than the direct result of some specific infection such as may be borne by water. He regards infection of the mouth, sinuses, tonsils, gall bladder, appendix, or the presence of abnormal flora in the intestinal tract, as possible causes of goiter.

From these extracts from the literature it will be apparent that there is considerable diversity of opinion concerning the possible influence of foci of infection upon endemic goiter.

2. SCOPE AND LIMITATIONS OF PRESENT STUDY

As previously mentioned, the present study concerning the possible relationship between potential foci of infection and endemic goiter was carried on while certain physical measurements were being secured in the Cincinnati public schools during the 1924-25 school session.

The children examined, all of whom were white, attended eight schools in Cincinnati selected because of their diversified character. Thus, three of the schools were located in the poorer sections of the city, two in the sections of moderate economic status, and one in the best section of the city. In addition to these there was one vocational school, attended largely by girls, and one junior high school.

In the six elementary schools visited, the children examined attended the fifth, sixth, seventh, and eighth grades. In the vocational and junior high schools most of the children were older and attended higher grades. By this process of selection a cross section of the elementary school population was obtained. Moreover, this cross section was representative of various school ages, grades, sections of the city, environment and social status.

The observations were all made by experienced physicians and included, for the purposes of the present investigation, the condition of the teeth and tonsils. Notations were made concerning the degree of dental decay (slight or marked) and the number of teeth involved. With regard to the tonsils, observations were made of the degree of enlargement (slight, moderate, or marked) and also whether the organs were cryptic in character. Notations were also made of the number of children with apparently normal tonsils and of those in whom the tonsils had been removed by operative procedure. At the same time the condition of the thyroid gland was ascertained.

Limitations of the observations on teeth.—It should be fully realized that dental decay is not synonymous with focal infection. In fact, it is probable that septic absorption occurs most freely when the decay has extended to the root canal. Obviously there was little opportunity for determining this fact accurately during the survey. However, very many of the markedly decayed teeth were presumably serving as foci of infection. It is also reasonable to suppose that the possibilities for systemic infection were increased with successively greater numbers of markedly decayed teeth. A distinction was made between slightly and markedly decayed teeth. In the former class were included teeth with small, distinct, and easily

remediable defects. Under the heading of markedly decayed teeth were included those with large cavities of manifestly long duration, perforations of the pulp cavity and those obviously in need of extraction.

Limitations of the observations on tonsils.—Enlarged tonsils are not necessarily diseased and not invariably sources of infection. Consequently the classification of tonsils as slightly, moderately, and markedly enlarged must be accepted as hypertrophy rather than invariable or actual infectivity. At the same time the enlarged tonsils, when inflamed or accompanied by frequent sore throat, are presumably diseased. Moreover, appropriate treatment is indicated. Probably more expressive of actually diseased condition is the cryptic tonsil with exudation of pus.

In all probability the examinations of teeth and tonsils during the present investigation were made just as carefully as those upon which other conclusions regarding the relationship between goiter and foci of infection have been based. Whatever mistakes have occurred through errors of judgment or failure to elicit subjective symptoms of marked dental decay or tonsillar disease have been uniformly distributed throughout the series of observations. Therefore, the differences if any, between the dental and tonsillar conditions of thyroid-normal and thyroid-enlarged children should be distinctive.

3. RESULTS

In this section the data secured during the study are presented. Moreover, by means of tables, and analyses of the available material, the presence or absence of a relationship between thyroid enlargement and infectious foci in teeth and tonsils will be brought out.

Ages, sex, and numbers of children.—Of the 2,917 white children included in the investigation, 1,341 were boys and 1,576 were girls. Among the boys, 515 instances of thyroid enlargement, 38.4 per cent, were noted. A greater number of enlargements, 927, or 58.8 per cent, were recorded among the girls. The number of children of each age and the number and percentage of thyroid involvements are set forth in Table 1. It will be seen that the percentage of thyroid enlargements is considerably greater among the girls, though relatively high in both sexes. The customary decline in the percentage of involvements among boys after the age of 13 years and the steady though uneven increase among the girls of increased age are particularly noteworthy.

Degrees of enlargement.—In classifying the degrees of enlargement the methods described in a previous publication (11) were utilized. However, owing to the relatively small number of some of the enlargements, it was found desirable, for statistical purposes, to reduce the

5 degrees to 3. Thus the "very slight" and "slight enlargements" were combined and termed "slight;" "moderate enlargements" was allowed to stand; and "marked" and "verymarked" thickenings were combined and called "marked."

The number and percentage of each degree of thyroid enlargement, at each age between 11 and 15 years, as well as for all ages combined, are also given in Table 1. It will be seen that slight enlargements were a little over one and one-third times more frequent among the girls than among the boys, 50.4 per cent against 37.2 per cent; moderate enlargements were approximately seven times more frequent among the girls, 6.9 per cent as compared with 1 per cent; and the combined marked and very marked involvements were about seven times more frequent among the girls.

TEETH

The results of the dental examinations are presented in Table 2, calculations being available for both boys and girls. Satisfactory dental hygiene and good economic conditions were found to be concomitant. Even with equal opportunity for free dental prophylaxis and treatment, the child of well-to-do parents has a decided advantage over a child of poor parents. This is not due solely to superior nutrition, but mainly to the desire and actual practice of timely dental attention on the part of those who can afford to secure private and skilled service.

Sixty-one and seven-tenths per cent of the 1,341 boys and 67.1 per cent of the 1,576 girls included in the survey were found without dental decay. This indicates a slight, and usual, superiority in oral hygiene among the girls, due probably to pride in appearance and possibly to the more sheltered positions of the girls in life.

Of the 826 thyroid-normal boys, 63 per cent had teeth without signs of decay, while a slightly smaller percentage (60 per cent) of the 515 thyroid-enlarged boys were also free from dental defects. Among the girls, 66.8 per cent of the normal and 67.3 per cent of the thyroid-enlarged individuals had no evidence of dental decay. These figures indicate no decided differences in the conditions of the two general groups.

In Table 2 certain age groupings have been made for more vivid statistical display. Thus, the ages of 9 and 10, 11 and 12, 13 and 14, and 15 years and over, have been combined, respectively. Furthermore, the enlargements have been shown as slight and marked, the former comprising the slight forms of Table 1, while the latter includes the moderate and marked enlargements of the same table.

Teeth without decay.—Among the 9 and 10 year and the 11 and 12 year groups of boys, normal teeth were more frequent among thyroid-normal children. However, among the 13 and 14 year and

15 and over groups, sound teeth were slightly more frequent among the thyroid-enlarged boys.

Among the girls of the 9 and 10 year group the percentage having sound teeth were the same among the thyroid-normal and thyroid-enlarged. In the 11 and 12 year and the 13 and 14 year groups the advantage in normal teeth was with the thyroid-enlarged girls. Among those over 15 years of age the thyroid-normal girls had a slight superiority in normal teeth over the thyroid-enlarged individuals.

Dental caries.—Dental decay was noted slightly more frequently among boys than girls, the marked degree being more prevalent among both than the slight. Thus, 13.2 per cent of the boys and 11.8 per cent of the girls had slight decay, whereas 25 per cent of the boys and 21.1 per cent of the girls had marked decay.

Slight dental decay.—Slight decay of 1 and 2 teeth was more prevalent among boys with thyroid enlargement. Among the girls slight decay of 1, 2, 3, 4, and more than 4 teeth was more prevalent among the thyroid-enlarged. However, the differences are small and neither noteworthy nor constant.

In the 9 and 10 year group slight dental decay was more frequent among the thyroid-normal boys. In the remaining groups the excess of slight decay was found among the boys with thyroid enlargement.

In the 9 and 10 year group more of the thyroid-normal girls had slight decay than did those with enlarged thyroids. In the 11 and 12 year group of girls, and also in the 15 year and over group, slight decay was more frequent among the thyroid-enlarged. In the 13 and 14 year group the same percentages of slight decay prevailed among the thyroid-normal and the thyroid-enlarged girls.

Marked dental decay.—A further study of Table 2 discloses the differences in the amount of marked dental caries in the two groups under consideration. It will be noted that the percentage of marked decay among the thyroid-enlarged boys both of the 9 and 10 year group and of the 11 and 12 year group is higher than the percentage among the thyroid-normal boys. However, in the succeeding groups the excess is reversed. Marked decay occurs more frequently among the thyroid-normal boys of the 13 and 14 year group, and also of the 15 year and over group.

Among the girls, marked dental decay occurs 38.1 per cent more frequently among the thyroid-enlarged individuals of the 9 and 10 year group. In the 11 and 12, 13 and 14, and 15 and over groups the excess of marked dental decay occurs among the thyroid-normal girls.

From the foregoing observations it will be noted that there is no constancy of trend in any of the age groups or for either sex.

With relatively few exceptions the differences between percentage occurrence of slight and marked dental decay in thyroid-normal and thyroid-enlarged children are slight and insignificant.

Dental decay and degree of thyroid enlargement.—Whether or not marked thyroid enlargement is more frequently associated with dental decay than the lesser degrees of enlargement is another point concerning which some information is available in Table 2. Because of the relatively few marked enlargements found among the boys, little information concerning this point can be obtained from the portion of the table dealing with the boys. However, an examination of the data relating to the girls shows that both slight and marked dental decay are less frequent in girls with marked thyroid enlargement than among thyroid-normal girls or those with slight thyroid enlargement. Therefore, it may be concluded, so far as this group is concerned, that dental decay exerts no marked effect upon size of thyroid enlargement.

TONSILS

The statistical data relating to the conditions of the tonsils in the children examined have been set forth in Table 3. In this table the tonsillar conditions have been divided according to normality, absence, enlargement, and cryptic degeneration. The thyroid enlargements have been shown as slight and marked. As in Table 1 there have been age groupings in order to facilitate the statistical interpretation.

Normal tonsils.—Normal tonsils were found to a greater extent among both boys and girls with thyroid enlargement than among those with normal thyroids, 42.7 per cent among the boys and 40.2 per cent among the girls. Thus, 18.4 per cent of the tonsils examined in 515 thyroid-enlarged boys appeared to be normal, whereas 12.9 per cent of the tonsils of 826 thyroid-normal boys were normal. Normal tonsils were found in 19.7 per cent of the 927 thyroid-enlarged and in 13.9 per cent of the 649 thyroid-normal girls who were examined.

Normal tonsils were most frequent among the 16-year-old boys and the 13-year-old girls. They were least frequent among the 13-year-old boys and the 10-year-old girls. It is also interesting to note that normal tonsils were found with slightly greater frequency among thyroid-normal and thyroid-enlarged girls than among boys.

Tonsils removed.—More of the boys than girls had been subjected to operation for removal of tonsils. Thus, 36.4 per cent of the thyroid-normal and 33.8 per cent of the thyroid-enlarged boys were without tonsils, a slight difference in favor of the former. Among the thyroid-normal girls, 31.6 per cent had had their tonsils removed, whereas a slightly smaller number, 29.3 per cent, of the thyroid-enlarged girls had had similar operations. According to the

findings, tonsil removal was more frequent among the younger children.

When the differences between the several groups of thyroid-normal and thyroid-enlarged children are considered with regard to the absence of tonsils through operation, some interesting facts are gleaned from Table 3. Thus, among boys in all four age groups a slightly greater number of tonsils had been removed among the thyroid-normal than among the thyroid-enlarged. However, the differences are relatively small and inconstant in trend. Absence of tonsils was also noted more frequently among the thyroid-normal girls in the first three age groups. In girls aged 15 years and over, however, the tonsils had been removed more frequently among those with thyroid enlargement. While differences, often in favor of the thyroid-normal individuals, are noted in this part of the study, the evidence can not be said to be particularly striking or significant. Nor can the removal of the tonsils be advocated as an aid to goiter prevention solely on the basis of these findings.

Enlargements of tonsils.—When the observations concerning the tonsils were made, 3 degrees of enlargement, "slight," "moderate," and "marked," were recorded. However, because of the comparatively few enlargements of each size, the numbers have been combined for ease of statistical analysis. A study of Table 3 (part of table giving totals) shows that enlarged tonsils were more frequent among the children with normal thyroids.

When the occurrence of tonsillar enlargement is considered by age groups it will be noted that the thyroid-normal boys of the 11 and 12 year group and also the 15 year and over group have enlarged tonsils more frequently than those with enlarged thyroids. In the 9 and 10 year group and again in the 13 and 14 year group tonsillar enlargement is more frequent among the thyroid-enlarged boys.

Enlargement of the tonsils is more frequent among the thyroid-normal girls in each of the four age groups shown in Table 3. However, the discrepancies are not uniform. While some of the evidence concerning tonsillar enlargement is suggestive, it is too uneven in trend to be convincing. If anything, the data here presented suggest that enlargement of the tonsils is more often than not associated with normal thyroid glands.

Cryptic tonsils.—Presumably the tonsils included in this grouping had a pathological status and were capable of exerting a deleterious influence upon such organs as the thyroid. The percentage of cryptic tonsils among the thyroid-normal boys exceeded similar conditions among individuals with enlarged thyroids. Among the girls, cryptic tonsils were more frequent among those with enlarged thyroids.

In the separate age groups, cryptic tonsils were more frequent among the thyroid-enlarged boys of the 9 and 10, 11 and 12, and the

15 and over groups, though the excess rates are small and uneven in trend. In the 13 and 14 year group the thyroid-normal boys had a slightly greater percentage of cryptic tonsils than the thyroid-enlarged.

Cryptic tonsils were encountered oftener among the thyroid-enlarged girls of the 9 and 10, 13 and 14, and 15 and over age groups than among the thyroid-normal individuals of the same ages. In the 11 and 12 year group of girls, however, cryptic tonsils were present more frequently among those with normal thyroids.

When these conflicting data are considered, it is apparent that there is no consistent or convincing evidence of relationship between cryptic tonsils and thyroid status.

Tonsillar conditions and degree of thyroid enlargement.—It is also interesting to learn, if possible, whether marked thyroid enlargements are more frequently associated with certain tonsillar abnormalities than are slight enlargements. Certainly there are no consistent trends in Table 3 which might be interpreted as indicative of a relationship between enlarged or cryptic tonsils and slight or marked thyroid enlargement. There are, however, certain facts that should be pointed out.

As the number of marked thyroid enlargements among the boys was not great, the percentages derived from the calculations for enlarged and cryptic tonsils are of no considerable value. On the other hand, the data available from observations of tonsil status among the girls offer a little better indication of trend. It will be seen that 39.9 per cent of the girls with marked thyroid enlargement and 42.4 per cent of those with slight enlargement had enlarged tonsils, while 47.3 per cent of the thyroid-normal girls had enlarged tonsils.

The percentage of girls having cryptic tonsils was greatest among those with slight thyroid enlargement, 9 per cent, and least among the thyroid-normal individuals, with 7.2 per cent. Of the girls with marked thyroid enlargement 8.3 per cent had cryptic tonsils. From these data it will be seen that in this group, marked thyroid enlargements are not associated with enlarged or cryptic tonsils as often as are slight enlargements. It may be concluded, therefore, that degree of enlargement was not dependent, in the present series, upon tonsillar conditions.

SUMMARY

1. Examinations were made of the teeth and tonsils of 1,341 white boys and 1,576 white girls in 8 schools in Cincinnati for the purpose of determining whether there was a relationship between potential foci of infection and thyroid enlargement.

2. Records were kept of slight and marked thyroid enlargements as well as of slight and marked decay of teeth. In addition, there were

recorded the number of apparently normal tonsils, the absence of tonsil through operation, hypertrophy, and cryptic degeneration.

3. Slight thyroid enlargements prevailed to the extent of 37.2 per cent among the boys and 50.4 per cent among the girls. Both moderate and marked enlargements were approximately seven times more prevalent among the girls than among the boys.

4. In the group studied, slight and marked dental decay is no more characteristically associated with thyroid enlargement than with normal thyroid status. Furthermore, the degree of thyroid enlargement appears not to be dependent upon the amount of dental decay.

5. Normal tonsils were found more frequently among both boys and girls with thyroid enlargement than among those with normal thyroids.

6. Approximately one-third of the children examined had had their tonsils removed by operation. A slightly greater percentage of thyroid-normal children had had their tonsils removed than those in whom the thyroid was enlarged at the time of the examination. While differences may be noted in the several age groups as regards absence of tonsils, removal often being associated with a higher percentage of thyroid-normal individuals, the evidence is suggestive rather than striking.

7. Enlargement of the tonsils was found more frequently among boys and girls without thyroid enlargement. While some of the evidence concerning hypertrophy of the tonsils in the several age groups is suggestive, the data are too uneven in trend to be convincing.

8. There was no consistent evidence of correlation between cryptic tonsils and thyroid status.

9. Marked thyroid enlargements among the girls are not associated with enlarged or cryptic tonsils as often as are slight thyroid enlargement. The size of the thyroid enlargement is probably independent of tonsillar or dental conditions.

10. Based upon the material gathered during the present investigation, it is believed that there is no definite relation between thyroid status and potential foci of infection presumably located in decayed teeth and enlarged or cryptic tonsils.

COMMENT

The number of children included in the present survey was small and the observations were subject to manifest limitations. Before the relationship between thyroid enlargement and potential foci of infection in the teeth and tonsils can be regarded as definitely determined it is desirable that additional studies be made in other sections of the country on a more comprehensive scale and possibly with different methods. Nevertheless it is felt that in so far as the present study is concerned, such a relationship is non-existent.

March 26, 1926

Despite these negative findings, neglect of oral hygiene is not advocated. On the contrary, renewed efforts to insure as nearly perfect denture as possible, through appropriate nutritional guidance and practice, as well as competent dental prophylaxis and treatment, are recommended and urged. Moreover, appropriate treatment for enlarged and diseased tonsils is likewise advised.

REFERENCES

- (1) A. E. Hertzler: Diseases of the thyroid gland, p. 22. 1922.
- (2) H. A. Gamble: Geographical distribution of goiter in Mississippi. Read before the Mississippi State Medical Association, May 8-9, 1923.
- (3) H. R. Harrower: Rational treatment for simple goiter. American Medicine, 13, 571. 1918.
- (4) W. A. Evans: How to keep well. Chicago Tribune, Oct. 11, 1923.
- (5) Sydney Pern: Etiology of goiter. British Medical Journal, 2, 532, September 16, 1922.
- (6) Israel Bram: Goiter—Nonsurgical types and treatment, p. 76. 1924.
- (7) L. E. Brown: Tonsils and thyrotoxicosis. Annals of Otology, Rhinology and Laryngology, 32, p. 321, June, 1923.
- (8) A. S. Jackson: Observations based on 300 cases of colloid goiter. Wis. State Med. Jour., August, 1924.
- (9) J. B. Greene: Indications for tonsillectomy. Health Bulletin of the North Carolina State Board of Health, 40, 8, August, 1925.
- (10) A. E. Booth: Goiter. Journal-Lancet, 45, 4, p. 78. February 15, 1925.
- (11) Robert Olesen: Thyroid survey of 47,493 elementary school children in Cincinnati, Pub. Health Rep., 39, No. 30, July 25, 1924. (Reprint No. 941.)

TABLE I.—Number and percentage of normal and enlarged thyroids among 1,341 white boys and 1,576 white girls in the Cincinnati public schools, according to sex, age, and degree of thyroid enlargement

Thyroid status	Age											
	All ages		11		12		13		14		15	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
NUMBER OF NORMAL AND ENLARGED THYROIDS												
Total.....	1,341	1,576	155	156	217	229	273	256	305	331	254	426
Normal.....	826	649	85	65	136	101	159	102	185	139	169	155
Enlarged.....	515	927	70	91	81	128	114	154	120	192	85	271
Slight.....	498	794	68	84	81	121	110	139	116	157	79	217
Moderate.....	14	109	2	7	-----	6	3	11	4	25	4	46
Marked.....	3	24	-----	-----	1	1	4	-----	10	2	8	-----
PERCENTAGE OF NORMAL AND ENLARGED THYROIDS												
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Normal.....	61.6	41.2	54.9	41.6	62.7	44.1	58.2	39.8	60.7	42.0	66.5	36.4
Enlarged.....	38.4	58.8	45.1	58.4	37.3	55.9	41.8	60.2	39.3	58.0	33.5	63.6
Slight.....	37.2	50.4	43.8	53.9	37.3	52.9	40.3	54.3	38.0	47.5	31.1	50.9
Moderate.....	1.0	6.9	1.3	4.5	-----	2.6	1.1	4.3	1.3	7.5	1.6	10.8
Marked.....	0.2	1.5	-----	-----	0.4	0.4	1.6	-----	3.0	0.8	1.9	-----

TABLE 2.—Numbers and percentages of individuals having no dental decay, slight, and marked dental decay among 1,341 white boys and 1,576 white girls in the Cincinnati public schools, according to ages of children and degrees of thyroid enlargement

Thyroid status	Dental condition							
	Boys							
	Numbers				Percentages			
	Total	Normal	Slight decay	Marked decay	Total	Normal	Slight decay	Marked decay
ALL AGES								
Total.....	1,341	829	177	335	100.0	61.7	13.2	25.0
Normal.....	826	520	93	213	100.0	63.0	11.3	25.7
Enlarged.....	515	309	84	122	100.0	60.0	16.3	23.7
Slight.....	498	298	81	119	100.0	59.8	16.2	23.8
Marked.....	17	11	3	3	100.0	64.8	17.6	17.6
9 AND 10 YEARS								
Total.....	90	47	18	25	100.0	52.3	20.0	27.8
Normal.....	53	31	11	11	100.0	58.6	20.7	20.7
Enlarged.....	37	16	7	14	100.0	43.2	18.9	37.9
Slight.....	37	16	7	14	100.0	43.2	18.9	37.9
Marked.....								
11 AND 12 YEARS								
Total.....	372	227	56	89	100.0	61.0	15.1	23.9
Normal.....	221	145	25	51	100.0	65.6	11.3	23.1
Enlarged.....	151	82	31	38	100.0	54.4	20.5	23.1
Slight.....	149	82	30	37	100.0	55.0	20.1	24.9
Marked.....	2		1	1	100.0		50.0	50.0
13 AND 14 YEARS								
Total.....	578	364	69	145	100.0	63.0	11.8	25.2
Normal.....	344	213	37	94	100.0	62.0	10.8	27.2
Enlarged.....	234	151	32	51	100.0	64.5	13.7	21.8
Slight.....	225	144	31	50	100.0	64.0	13.8	22.2
Marked.....	9	7	1	1	100.0	77.8	11.1	11.1
15 YEARS AND OVER								
Total.....	201	191	34	76	100.0	63.4	11.3	25.3
Normal.....	208	131	20	57	100.0	63.0	9.6	27.4
Enlarged.....	93	60	14	19	100.0	64.5	15.1	20.4
Slight.....	87	55	14	18	100.0	63.2	16.1	20.7
Marked.....	6	5		1	100.0	83.4		16.6

March 26, 1926

TABLE 2.—*Numbers and percentages of individuals having no dental decay, slight, and marked dental decay among 1,341 white boys and 1,576 white girls in the Cincinnati public schools, according to ages of children and degrees of thyroid enlargement—Continued*

Thyroid status	Dental condition							
	Girls							
	Numbers				Percentages			
	Total	Normal	Slight decay	Marked decay	Total	Normal	Slight decay	Marked decay
ALL AGES								
25.0	1,576	1,057	187	332	100.0	67.1	11.8	21.1
25.7	649	433	73	143	100.0	66.8	11.2	22.0
23.7	927	624	114	189	100.0	67.3	12.3	20.4
23.8	794	529	101	164	100.0	66.6	12.7	20.7
17.6	Marked	133	95	13	25	71.4	9.8	18.8
9 AND 10 YEARS								
27.8	Total	95	60	10	25	100.0	63.2	10.5
20.7	Normal	57	36	8	13	100.0	63.2	14.0
37.9	Enlarged	38	24	2	12	100.0	63.2	5.3
37.9	Slight	35	23	1	11	100.0	65.7	2.8
	Marked	3	1	1	1	100.0	33.3	33.3
11 AND 12 YEARS								
23.9	Total	385	271	48	66	100.0	70.4	12.5
23.1	Normal	166	116	19	31	100.0	69.9	11.4
25.1	Enlarged	219	155	29	35	100.0	70.8	13.2
24.9	Slight	205	144	28	33	100.0	70.2	13.7
50.0	Marked	14	11	1	2	100.0	78.6	7.1
13 AND 14 YEARS								
25.2	Total	587	394	68	125	100.0	67.1	11.6
27.2	Normal	241	158	28	55	100.0	65.5	11.6
21.8	Enlarged	346	236	40	70	100.0	68.2	11.6
22.2	Slight	296	201	35	60	100.0	67.9	11.8
11.1	Marked	50	35	5	10	100.0	70.0	10.0
15 YEARS AND OVER								
25.3	Total	609	332	61	116	100.0	65.2	12.0
27.4	Normal	185	123	18	44	100.0	66.4	9.8
20.4	Enlarged	324	209	43	72	100.0	64.6	13.2
20.7	Slight	258	161	37	60	100.0	62.4	14.3
16.6	Marked	66	48	6	12	100.0	72.8	9.1

TABLE 3.—Numbers and percentages of certain tonsillar conditions among 1,341 white boys and 1,576 white girls in the Cincinnati public schools, according to age and degree of thyroid enlargement

BOYS

Thyroid status	Number of tonsils					Percentage of tonsils				
	Total	Normal	Removed	Enlarged	Cryptic	Total	Normal	Removed	Enlarged	Cryptic
ALL AGES										
Total.....	1,341	202	474	558	107	100.0	15.1	35.3	44.6	8.0
Normal.....	826	107	300	352	67	100.0	12.9	36.4	42.6	8.1
Enlarged.....	515	95	174	206	40	100.0	18.4	33.8	40.0	7.8
Slight.....	497	90	172	195	40	100.0	18.0	34.6	39.3	8.1
Marked.....	18	5	2	11	0	100.0	27.8	11.1	61.1	-----
9 AND 10 YEARS										
Total.....	90	12	46	27	5	100.0	13.3	51.2	30.0	5.5
Normal.....	53	6	31	14	2	100.0	11.3	58.5	26.4	3.8
Enlarged.....	37	6	15	13	3	100.0	16.2	40.6	35.1	8.1
Slight.....	37	6	15	13	3	100.0	16.2	40.6	35.1	8.1
Marked.....	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
11 AND 12 YEARS										
Total.....	372	55	140	143	34	100.0	14.8	37.6	38.5	9.1
Normal.....	221	25	84	92	20	100.0	11.3	38.0	41.6	9.0
Enlarged.....	151	30	56	51	14	100.0	19.9	37.1	33.8	9.2
Slight.....	149	29	56	50	14	100.0	19.5	37.6	33.5	9.4
Marked.....	2	1	-----	1	-----	100.0	50.0	-----	50.0	-----
13 AND 14 YEARS										
Total.....	578	81	183	273	41	100.0	14.0	31.8	47.1	7.1
Normal.....	344	44	110	162	28	100.0	12.8	32.0	47.1	8.1
Enlarged.....	234	37	73	111	13	100.0	15.8	31.2	47.4	5.6
Slight.....	225	35	71	106	13	100.0	15.6	31.6	47.1	5.7
Marked.....	9	2	2	5	-----	100.0	22.2	22.2	55.6	-----
15 YEARS AND OVER										
Total.....	301	54	105	115	27	100.0	17.9	34.9	38.2	9.0
Normal.....	208	32	75	84	17	100.0	15.4	36.0	40.4	8.2
Enlarged.....	93	22	30	31	10	100.0	23.7	32.3	33.3	10.7
Slight.....	86	20	30	26	10	100.0	23.3	34.9	30.2	11.6
Marked.....	7	2	-----	5	-----	100.0	28.6	-----	71.4	-----

March 26, 1926

TABLE 3.—*Numbers and percentages of certain tonsillar conditions among 1,341 white boys and 1,576 white girls in the Cincinnati public schools, according to age and degree of thyroid enlargement—Continued*

GIRLS

Thyroid status	Number of tonsils					Percentage of tonsils				
	Total	Normal	Removed	Enlarged	Cryptic	Total	Normal	Removed	Enlarged	Cryptic
ALL AGES										
Total.....	1,576	273	477	697	129	100.0	17.3	30.2	44.3	8.2
Normal.....	649	90	205	307	47	100.0	13.9	31.6	47.3	7.2
Enlarged.....	927	183	272	390	82	100.0	19.7	29.3	42.1	8.9
Slight.....	794	146	240	337	71	100.0	18.4	30.2	42.4	9.0
Marked.....	133	37	32	53	11	100.0	27.8	24.0	39.9	8.3
9 AND 10 YEARS										
Total.....	95	13	33	44	5	100.0	13.7	34.8	46.3	5.2
Normal.....	57	8	24	24	1	100.0	14.0	42.1	42.1	1.7
Enlarged.....	35	5	9	20	4	100.0	13.2	23.7	52.6	10.5
Slight.....	35	5	9	17	4	100.0	14.3	25.7	48.6	11.4
Marked.....	3			3		100.0			100.0	
11 AND 12 YEARS										
Total.....	385	56	128	168	33	100.0	14.6	33.3	43.6	8.5
Normal.....	166	17	56	75	18	100.0	10.2	33.8	45.2	10.8
Enlarged.....	219	39	72	93	15	100.0	17.8	32.9	42.5	6.8
Slight.....	205	33	71	87	14	100.0	16.1	34.7	42.4	6.8
Marked.....	14	6	1	6	1	100.0	42.9	7.1	42.8	7.1
13 AND 14 YEARS										
Total.....	587	109	174	261	43	100.0	18.6	29.6	44.5	7.5
Normal.....	241	32	79	117	13	100.0	13.3	32.8	48.5	5.4
Enlarged.....	346	77	95	144	30	100.0	22.3	27.5	41.6	8.6
Slight.....	296	63	84	124	25	100.0	21.3	28.4	41.9	8.4
Marked.....	50	14	11	20	5	100.0	28.0	22.0	40.0	10.0
15 YEARS AND OVER										
Total.....	509	95	142	225	47	100.0	18.7	27.9	44.2	9.2
Normal.....	185	33	46	92	14	100.0	17.9	24.9	49.7	7.5
Enlarged.....	324	62	96	133	33	100.0	19.1	29.7	41.0	10.2
Slight.....	258	45	76	109	28	100.0	17.5	29.5	42.2	10.8
Marked.....	66	17	20	24	5	100.0	25.8	30.3	36.4	7.5

COURT DECISIONS RELATING TO PUBLIC HEALTH

Legislature has power to change tuberculosis hospital district.—(Massachusetts Supreme Judicial Court; *Essex County v. City of Newburyport*, 150 N. E. 234; decided January 7, 1926.) By a 1916 law, Essex County, in common with other counties, was required to provide adequate hospital care for certain tuberculous persons. The county constructed a hospital and the expense of same was assessed upon cities and towns in the county. Certain cities, not including Newburyport, were exempted from all liability to contribute to the county hospital. By a law passed in 1917, the city of

Newburyport was also exempted from such liability. In 1924 a statute was enacted which provided that all the cities and towns in Essex County should constitute the Essex County tuberculosis hospital district, and the exemption from liability to contribute to the county hospital, formerly enjoyed by certain cities, including Newburyport, was expressly repealed. In an action by Essex County to recover the assessment required to be paid by the city of Newburyport to the county as specified by the 1924 statute, the supreme court held that the legislature could enact a law again including the defendant city in the tuberculosis hospital district and that the particular law in question was constitutional. A portion of the court's opinion follows:

The original unit established in the northeastern part of the Commonwealth for the administration of justice, the support of jails and houses of correction, and the registration of deeds and the transaction of other kindred public affairs was the county of Essex. When the legislature came to deal with the problem of proper provision for patients suffering from tuberculosis in Essex County in 1916 four cities were omitted from the district required to contribute for the cost of the hospital. It seems plain that at that time the whole county might have been made a unit for that purpose by the legislature and those four cities as well as all other cities and towns of the county required to contribute to that cost. The omitted cities did not have the same right to share in the benefits of the hospital as did those within the district. St. 1916, c. 286, now G. L. c. 111, sec. 88. By Sp. St. 1917, c. 107, in addition to the other four cities the defendant was exempted from the district. That that statute did not constitute a contract between the defendant and the Commonwealth is settled by Boston, Pet'r, 221 Mass. 468, 109 N. E. 389; Chelsea *v.* City of Boston, 245 U. S. 626, 38 S. Ct. 10, 62 L. Ed. 517. There is no sound constitutional ground for holding that the legislature could not do in 1924 with reference to the hospital district in Essex County that which it plainly had the right to do in 1916. Sp. St. 1917, c. 107, whereby the defendant was exempted from the provisions of St. 1916, was subject to change, modification, or repeal like any other statute. By St. 1924, c. 443, the defendant was reincorporated into the hospital district with whatever privileges and rights flow therefrom.

We are unable to perceive anything arbitrary, despotic, or constituting a flagrant misuse of legislative power. Such characteristics would render legislation contrary to constitutional guaranties. But they do not exist in St. 1924, c. 443.

Membership on city school committee and position of school medical inspector held incompatible.—(Massachusetts Supreme Judicial Court; *Barrett v. City of Medford*, 150 N. E. 159; decided January 8, 1926.) The plaintiff, while a member of the school committee of the city of Medford, was appointed by the said committee as medical inspector for the schools. He took no part officially as a member of the school committee in his appointment as medical inspector. After the plaintiff had served for several years as medical inspector, and at the same time as a member of the school committee, the mayor refused to approve the pay-roll item covering plaintiff's salary as medical inspector. The plaintiff continued to act as medical inspector for a period of several months without salary and then brought an action

March 26, 1926

against the city to recover for the services rendered as such inspector. While there was no statute, ordinance, or rule directly forbidding the appointment of a school-committee member as medical inspector, yet the supreme court decided that the two positions were inconsistent and denied recovery. The following is a portion of the opinion:

Having in mind that a member of either branch of a city council or of a municipal board of a city is not permitted to be personally interested directly or indirectly in a contract made by the city council, or other branch thereof, or by such board, or by authority derived therefrom, in which the city is an interested party, G. L. c. 268, sec. 9; that no "member of the city council shall, during the term for which he was chosen * * * be eligible to any office the salary of which is payable by the city," G. L. c. 39, sec. 8; that a board of health of a city, who are authorized to appoint a quarantine physician under an ordinance giving him a compensation fixed by the city council, may not appoint one of their own members such quarantine physician, *Gaw v. Ashley*, 195 Mass. 173, 80 N. E. 790, 122 Am. St. Rep. 229; that no member of a school committee shall be eligible to serve as teacher or superintendent in the public schools, St. 1904, c. 173; we think a school committee, in the absence of a statute permitting it, can not elect one of themselves to the salaried office of school physician. The duties he is to perform as physician are incompatible with the supervisory duties which as a member of the committee he should exercise over the incumbent of the office of school physician. Consistently he can not be master and servant.

Again, under the rules of the committee and G. L. c. 71, sec. 59, the superintendent of schools, under the direction of the school committee, is the "executive officer of the committee" who, among other services, has the duty to nominate for election "all principals, supervisors, teachers, janitors * * * and other school employees, make recommendations to the school committee regarding their duties, salaries, and dismissal." It is to be further observed that the superintendent of schools may hold his office by the deciding vote of the member whom he may subsequently nominate for school physician, with an accompanying recommendation of a stated salary for the incumbent of that office.

Examinations for Entrance into the Regular Corps of the Public Health Service

Examinations of candidates for entrance into the Regular Corps of the United States Public Health Service will be held at the following-named places on the dates specified:

Washington, D. C., May 3, 1926.

Chicago, Ill., May 3, 1926.

New Orleans, La., May 3, 1926.

San Francisco, Calif., May 3, 1926.

Candidates must be not less than 23 nor more than 32 years of age, and they must have been graduated in medicine at some reputable medical college, and have had one year's hospital experience or two years' professional practice. They must pass satisfactorily, oral, written, and clinical tests before a board of medical officers and undergo a physical examination.

Successful candidates will be recommended for appointment by the President, with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon General, United States Public Health Service, Washington, D. C.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended March 20, 1926

ALABAMA	Cases	CALIFORNIA	Cases
Cerebrospinal meningitis.....	1	Cerebrospinal meningitis:	
Chicken pox.....	70	Los Angeles.....	1
Dengue.....	1	Ontario.....	1
Diphtheria.....	17	San Francisco.....	2
Influenza.....	1,607	Chicken pox.....	394
Lethargic encephalitis.....	1	Diphtheria.....	132
Malaria.....	7	Influenza.....	73
Measles.....	132	Lethargic encephalitis:	
Mumps.....	30	San Jose.....	1
Pellagra.....	6	Tulare County.....	1
Pneumonia.....	195	Measles.....	149
Scarlet fever.....	19	Mumps.....	334
Smallpox.....	21	Poliomyelitis:	
Tuberculosis.....	158	Long Beach.....	1
Typhoid fever.....	7	Los Angeles.....	2
Whooping cough.....	29	Los Angeles County.....	1
		Oakland.....	1
		San Jose.....	1
ARIZONA		Scarlet fever.....	162
Chicken pox.....	3	Smallpox:	
Diphtheria.....	2	Los Angeles.....	37
Influenza.....	226	Los Angeles County.....	13
Leprosy.....	1	Oakland.....	20
Mumps.....	3	Scattering.....	28
Pneumonia.....	1	Typhoid fever.....	10
Scarlet fever.....	6	Whooping cough.....	77
Trachoma.....	1		
Tuberculosis.....	27		
Whooping cough.....	1		
ARKANSAS			
Chicken pox.....	29	COLORADO	Cases
Dengue.....	1	Chicken pox.....	33
Diphtheria.....	3	Diphtheria.....	41
Hookworm disease.....	1	German measles.....	2
Influenza.....	1,248	Impetigo contagiosa.....	1
Malaria.....	64	Influenza.....	5
Measles.....	54	Measles.....	5
Mumps.....	26	Mumps.....	5
Pellagra.....	7	Pneumonia.....	5
Scarlet fever.....	12	Poliomyelitis.....	1
Smallpox.....	3	Scarlet fever.....	51
Trachoma.....	7	Smallpox.....	1
Tuberculosis.....	46	Tuberculosis.....	16
Whooping cough.....	35	Typhoid fever.....	10
		Vincent's angina.....	2
		Whooping cough.....	65

March 26, 1926

CONNECTICUT

	Cases
Cerebrospinal meningitis.....	1
Chicken pox.....	56
Diphtheria.....	33
German measles.....	9
Influenza.....	171
Lethargic encephalitis.....	1
Measles.....	1,171
Mumps.....	7
Pneumonia (broncho).....	97
Pneumonia (lobar).....	120
Scarlet fever.....	82
Septic sore throat.....	2
Tuberculosis (all forms).....	28
Typhoid fever.....	1
Whooping cough.....	113

DELAWARE

	Cases
Chicken pox.....	2
Influenza.....	4
Measles.....	92
Pneumonia.....	4
Scarlet fever.....	8
Tuberculosis.....	2
Whooping cough.....	4

DISTRICT OF COLUMBIA

	Cases
Chicken pox.....	37
Diphtheria.....	9
Measles.....	459
Pneumonia.....	38
Scarlet fever.....	19
Tuberculosis.....	33
Whooping cough.....	1

FLORIDA

	Cases
Cerebrospinal meningitis.....	1
Chicken pox.....	57
Diphtheria.....	10
German measles.....	1
Influenza.....	1
Malaria.....	152
Measles.....	5
Mumps.....	37
Pneumonia.....	20
Scarlet fever.....	20
Smallpox.....	28
Tuberculosis.....	10
Typhoid fever.....	77
Typhus fever.....	1
Whooping cough.....	129

GEORGIA

	Cases
Anthrax.....	1
Cerebrospinal meningitis.....	1
Chicken pox.....	60
Diphtheria.....	7
Hookworm disease.....	1
Influenza.....	757
Malaria.....	4
Measles.....	143
Mumps.....	43
Pneumonia.....	86
Scarlet fever.....	7
Septic sore throat.....	8
Smallpox.....	32
Tuberculosis.....	32
Whooping cough.....	13

IDAHO

	Cases
Cerebrospinal meningitis:.....	
Kellogg.....	2
Post Falls.....	5
Weippe.....	1
Chicken pox.....	1
Diphtheria.....	3
Influenza.....	5
Measles.....	8
Mumps.....	18
Pneumonia (broncho).....	4
Scarlet fever.....	35
Smallpox:.....	
Emmett.....	27
Scattering.....	12
Typhoid fever.....	2
Whooping cough.....	9

ILLINOIS

	Cases
Cerebrospinal meningitis—Tazewell County.....	1
Diphtheria.....	85
Influenza.....	692
Lethargic encephalitis—Lee County.....	1
Measles.....	977
Pneumonia.....	984
Scarlet fever.....	468
Smallpox.....	31
Tuberculosis.....	264
Typhoid fever.....	9
Whooping cough.....	180

INDIANA

	Cases
Cerebrospinal meningitis.....	1
Chicken pox.....	105
Diphtheria.....	24
Influenza.....	517
Measles.....	1,785
Mumps.....	3
Pneumonia.....	55
Poliomyelitis.....	1
Scarlet fever.....	246
Smallpox.....	166
Tuberculosis.....	50
Whooping cough.....	150

KANSAS

	Cases
Chicken pox.....	89
Diphtheria.....	11
German measles.....	7
Influenza.....	54
Lethargic encephalitis.....	1
Measles.....	501
Mumps.....	37
Pellagra.....	1
Pneumonia.....	63
Scarlet fever.....	95
Septic sore throat.....	1
Smallpox.....	21
Tetanus.....	1
Tuberculosis.....	49
Typhoid fever.....	3
Whooping cough.....	173

LOUISIANA

	Cases
Diphtheria.....	12
Influenza.....	472
Lethargic encephalitis.....	1

LOUISIANA—CONTINUED		Cases	MINNESOTA		Cases
Pneumonia	56	Chicken pox	141		
Scarlet fever	10	Diphtheria	28		
Smallpox	88	Influenza	3		
Tuberculosis	31	Measles	239		
Typhoid fever	8	Pneumonia	2		
MAINE			Poliomyelitis	1	
Cerebrospinal meningitis	1	Scarlet fever	335		
Chicken pox	43	Smallpox	5		
Diphtheria	4	Tuberculosis	52		
German measles	16	Typhoid fever	1		
Influenza	125	Whooping cough	81		
Measles	283	MISSISSIPPI			
Mumps	47	Diphtheria	4		
Pneumonia	34	Influenza	932		
Scarlet fever	45	Scarlet fever	5		
Tetanus	1	Smallpox	10		
Tuberculosis	9	Typhoid fever	3		
Vincent's angina	2	MISSOURI			
Whooping cough	35	Chicken pox	85		
MARYLAND ¹		Diphtheria	59		
Chicken pox	82	Influenza	58		
Diphtheria	25	Measles	651		
Dysentery	1	Mumps	71		
German measles	2	Pneumonia	19		
Influenza	445	Rabies (in animals)	5		
Measles	1,053	Scarlet fever	309		
Mumps	150	Smallpox	14		
Ophthalmia neonatorum	1	Trachoma	2		
Pneumonia (broncho)	99	Tuberculosis	30		
Pneumonia (lobar)	71	Typhoid fever	3		
Scarlet fever	50	Whooping cough	59		
Septic sore throat	3	MONTANA			
Tuberculosis	43	Cerebrospinal meningitis	1		
Typhoid fever	8	Chicken pox	25		
Whooping cough	49	Diphtheria	2		
MASSACHUSETTS		German measles	43		
Anthrax	1	Influenza	134		
Cerebrospinal meningitis	2	Measles	20		
Chicken pox	151	Mumps	22		
Conjunctivitis (suppurative)	4	Scarlet fever	60		
Diphtheria	66	Smallpox	8		
German measles	246	Tuberculosis	2		
Influenza	272	Whooping cough	6		
Lethargic encephalitis	4	NEBRASKA			
Measles	1,251	Chicken pox	19		
Mumps	95	Diphtheria	4		
Ophthalmia neonatorum	42	Influenza	2		
Pneumonia (lobar)	237	Measles	29		
Poliomyelitis	1	Mumps	9		
Scarlet fever	281	Pneumonia	4		
Septic sore throat	1	Scarlet fever	46		
Trachoma	1	Smallpox	18		
Tuberculosis (pulmonary)	109	Tuberculosis	12		
Tuberculosis (other forms)	24	Whooping cough	16		
Typhoid fever	5	NEW JERSEY			
Whooping cough	520	Cerebrospinal meningitis	4		
MICHIGAN		Chicken pox	173		
Diphtheria	126	Diphtheria	66		
Measles	1,698	Influenza	151		
Pneumonia	364	Malaria	1		
Scarlet fever	385	Measles—Trenton	182		
Smallpox	11	Pneumonia	327		
Tuberculosis	60	Poliomyelitis	3		
Typhoid fever	7				
Whooping cough	264				

¹ Week ended Friday.

March 26, 1926

NEW JERSEY—CONTINUED

Cases
141
28
3
289
2
1
335
5
52
1
81
4
952
5
10
3
85
59
53
651
71
19
5
309
14
2
30
3
59
1
25
2
43
134
20
22
60
8
6
19
4
29
9
4
46
18
12
16
4
173
66
151
1
182
327
3

NEW MEXICO

Cases
Scarlet fever.....
Typhoid fever.....
Whooping cough.....
2
1
Chicken pox.....
Conjunctivitis.....
Diphtheria.....
Influenza.....
Measles.....
Mumps.....
Pneumonia.....
Rabies (in animals).....
Scarlet fever.....
Septic sore throat.....
Smallpox.....
Tuberculosis.....
Whooping cough.....

NEW YORK

(Exclusive of New York City)

Cases
Chicken pox.....
Diphtheria.....
German measles.....
Influenza.....
Lethargic encephalitis.....
Measles.....
Mumps.....
Pneumonia.....
Poliomyelitis.....
Scarlet fever.....
Septic sore throat.....
Smallpox.....
Tetanus.....
Typhoid fever.....
Vincent's angina.....
Whooping cough.....

NORTH CAROLINA

Cases
Chicken pox.....
Diphtheria.....
German measles.....
Measles.....
Scarlet fever.....
Septic sore throat.....
Smallpox.....
Typhoid fever.....
Whooping cough.....

OKLAHOMA

Cases
(Exclusive of Tulsa and Oklahoma City)
Chicken pox.....
Diphtheria.....
Influenza.....
Malaria.....
Measles.....
Mumps.....
Fellagra.....
Pneumonia.....
Scarlet fever.....
Smallpox.....
Typhoid fever.....
Whooping cough.....

Deaths

Cases
187
4
79
9
11
3
22
1
14
32
4
2
3
1
49
19
217
77
282
3,352
4
1,288
183
831
1
294
5
1
14
13
477

OREGON

Cases
Cerebrospinal meningitis.....
Chicken pox.....
Diphtheria.....
Influenza.....
Measles.....
Mumps.....
Pneumonia.....
Rocky Mountain spotted fever.....
Scarlet fever.....
Smallpox:
Linn County.....
Scattering.....
Tuberculosis.....
Whooping cough.....

PENNSYLVANIA

Cases
Anthrax—Philadelphia.....
Cerebrospinal meningitis—Minersville.....
Chicken pox.....
Diphtheria.....
German measles.....
Impetigo contagiosa.....
Lethargic encephalitis:
Bethlehem.....
Philadelphia.....
Measles.....
Mumps.....
Ophthalmia neonatorum—Philadelphia.....
Pneumonia.....
Scabies.....
Scarlet fever.....
Tetanus—Woodlawn.....
Tuberculosis.....
Typhoid fever.....
Whooping cough.....

RHODE ISLAND

Cases
Chicken pox.....
Diphtheria.....
German measles.....
Influenza.....
Measles.....
Mumps.....
Scarlet fever.....
Septic sore throat.....
Tuberculosis.....
Whooping cough.....

SOUTH DAKOTA

Cases
Chicken pox.....
Diphtheria.....
Measles.....
Mumps.....
Pneumonia.....
Scarlet fever.....
Smallpox.....
Whooping cough.....

TENNESSEE

Cases
Chicken pox.....
Diphtheria.....
Influenza.....
Malaria.....

TENNESSEE—continued		WASHINGTON—continued	
	Cases		Cases
Measles	249	Pneumonia	1
Mumps	47	Scarlet fever	73
Pellagra	2	Smallpox:	
Pneumonia	106	Chelan County	11
Scarlet fever	25	Seattle	11
Smallpox	13	Tacoma	13
Trachoma	2	Scattering	42
Tuberculosis	37	Tuberculosis	16
Typhoid fever	4	Typhoid fever	2
Whooping cough	10	Whooping cough	57
TEXAS		WEST VIRGINIA	
Chicken pox	58	Diphtheria	5
Diphtheria	38	Measles	350
Influenza	636	Scarlet fever	11
Measles	14	Typhoid fever	2
Mumps	64		
Pellagra	2	WISCONSIN	
Pneumonia	57	Milwaukee:	
Scarlet fever	35	Chicken pox	101
Smallpox	69	Diphtheria	18
Tuberculosis	21	German measles	3
Typhoid fever	1	Influenza	7
Whooping cough	50	Measles	114
UTAH		Mumps	49
Cerebrospinal meningitis—Salt Lake City	1	Pneumonia	26
Chicken pox	15	Scarlet fever	22
Diphtheria	2	Tuberculosis	25
Influenza	13	Typhoid fever	1
Mumps	31	Whooping cough	106
Pneumonia	1	Scattering:	
Scarlet fever	5	Cerebrospinal meningitis	1
Smallpox	2	Chicken pox	155
Whooping cough	64	Diphtheria	20
VERMONT		German measles	23
Chicken pox	9	Influenza	189
Diphtheria	1	Lethargic encephalitis	1
Measles	19	Measles	546
Mumps	33	Mumps	165
Scarlet fever	8	Pneumonia	24
Whooping cough	50	Poliomyelitis	1
WASHINGTON		Scarlet fever	151
Cerebrospinal meningitis:		Smallpox	13
Seattle	2	Tuberculosis	19
Spokane	14	Typhoid fever	4
Tacoma	1	Whooping cough	145
Chicken pox	86		
Diphtheria	17	WYOMING	
German measles	84	Chicken pox	11
Influenza	22	Diphtheria	5
Measles	42	German measles	4
Mumps	108	Influenza	16

Reports for Week Ended March 13, 1926

DISTRICT OF COLUMBIA		Cases	NORTH DAKOTA		Cases
Chicken pox	22		Chicken pox	19	
Diphtheria	14		Diphtheria	9	
Influenza	1		German measles	174	
Lethargic encephalitis	1		Influenza	117	
Measles	212		Measles	51	
Pellagra	1		Mumps	19	
Pneumonia	70		Pneumonia	39	
Scarlet fever	17		Scarlet fever	124	
Smallpox	1		Smallpox	4	
Tuberculosis	36		Whooping cough	17	
Typhoid fever	1				
Whooping cough	22				

March 26, 1926

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

	State	Cerebro-spinal menin-gitis	Diph-theria	Influ-enza	Malaria	Meas-les	Pel-lagra	Polio-myelitis	Scarlet fever	Small-pox	Ty-phoid fever
<i>January, 1926</i>											
Hawaii.....		1	30	20		23		0	2	0	5
<i>February, 1926</i>											
Michigan.....		381	28	0	7,807			0	1,503	32	20
New Jersey.....		10	341	183	1	8,578		0	813	0	17
North Dakota.....		10	16		88			9	470	34	5
Tennessee.....		3	63	974	14	1,565	18	-3	160	94	29

Number of Cases of Certain Communicable Diseases Reported for the Month of January, 1926, by State Health Officers

	State	Chick-en pox	Diph-theria	Meas-les	Mumps	Scar-let fever	Small-pox	Tuber-culosis	Ty-phoid fever	Whoop-ing cough
Alabama.....		415	118	78	425	98	157	167	50	113
Arizona.....		52	29	4	27	64	1	55	5	28
Arkansas.....		77	24	3	23	31	13	23	19	32
California.....		1,231	437	218	1,023	729	442	684	50	351
Colorado.....		284	106	40	32	143	1	159	8	214
Connecticut.....		601	186	2,600	58	338	0	151	12	332
Delaware.....		23	24	180	3	34	0	34	1	5
District of Columbia.....		128	132	99		114	0	81	1	34
Florida.....		142	72	20	107	42	322	37	32	20
Georgia.....		89	83	171	134	59	74	106	49	55
Idaho.....			23			63	0		2	
Illinois.....		1,945	486	1,825	378	1,847	177	954	111	739
Indiana.....		397	189	1,297	11	975	526	195	28	309
Iowa.....		220	86	642	116	295	158	18	(1)	86
Kansas.....		594	101	250	77	411	32	194	11	322
Kentucky ¹										
Louisiana.....		53	106	4	7	46	181	178	78	26
Maine.....		135	27	51	109	165	0	26	11	123
Maryland.....		715	131	4,380	595	205	0	344	21	255
Massachusetts.....		1,145	391	6,573	343	1,289	0	644	27	1,683
Michigan.....		956	400	4,834	97	1,452	89	329	39	1,032
Minnesota.....		749	282	134		1,434	28	201	12	176
Mississippi.....		728	94	1,398	956	65	91	295	53	925
Missouri.....		448	376	229	282	1,030	48	228	18	139
Montana.....		144	27	31	250	147	46	44	2	76
Nebraska ²										
Nevada ³										
New Hampshire ⁴										
New Jersey.....		1,749	441	5,217		927	2	457	38	279
New Mexico ⁵										
New York.....		2,958	1,040	9,335	726	1,770	5	1,425	185	1,737
North Carolina.....		758	206	383		249	156		22	406
North Dakota.....		148	28	60	206	383	27	4	8	64
Ohio.....		1,492	513	11,997	158	1,655	463	523	57	1,093
Oklahoma ⁶		168	128	40	29	155	73	74	60	196
Oregon.....		137	109	65	205	294	313	54	22	153
Pennsylvania ⁷										
Rhode Island.....		54	69	2,214	12	52	0	38	2	67
South Carolina.....		38	136	1	9	46	52	162	50	341
South Dakota.....		97	33	20	260	442	35	3	4	15
Tennessee.....		253	70	838	42	151	49	167	26	80
Texas ⁸										
Utah ⁹										
Vermont.....		234	19	43	81	86	0	15	3	211
Virginia.....		847	228	933		396	92	145	22	604
Washington.....		483	70	66	588	433	426	113	9	255
West Virginia.....		175	121	461		242	31	35	39	192
Wisconsin.....		1,333	218	630	854	768	70	124	18	590
Wyoming.....		55	14	7	22	75	7	1	0	53

¹ Reports not required by law.⁴ Report not received at time of going to press.² Reports received weekly.⁵ Reports received annually.³ Pulmonary.⁶ Exclusive of Oklahoma City and Tulsa.

Case Rates per 1,000 Population (Annual Basis) for the Month of January, 1926

State	Chick-en pox	Diph-theria	Meas-sles	Mumps	Scar-let fever	Small-pox	Tuber-culosis	Ty-phoid fever	Whoop-ing cough
Alabama	1.96	0.56	0.37	2.01	0.46	0.74	0.70	0.24	0.53
Arizona	1.45	0.81	0.11	.75	1.79	.03	1.54	.14	.78
Arkansas	.48	.15	.02	.14	.20	.08	.14	.12	.20
California	3.51	1.25	.62	2.92	2.08	1.26	1.95	.14	1.00
Colorado	3.23	1.21	.46	.36	1.63	.01	1.81	.09	2.44
Connecticut	4.54	1.41	19.64	.44	2.55	.00	1.14	.09	2.51
Delaware	1.14	1.19	8.95	.15	1.69	.00	1.60	.05	.25
District of Columbia	2.96	3.05	2.29		2.64	.00	1.87	.02	.79
Florida	1.50	.76	.21	1.13	.44	3.41	.39	.34	.21
Georgia	.34	.32	.65	.51	.22	.28	.40	.19	.21
Idaho		.54			1.47	.00		.05	
Illinois	3.25	.81	3.05	.63	3.08	.30	1.59	.19	1.23
Indiana	1.52	.72	4.95	.04	3.72	2.01	.74	.11	1.18
Iowa	1.03	.40	2.99	.54	1.38	.74	.08	(?)	.40
Kansas	3.84	.65	1.62	.50	2.66	.21	1.25	.07	2.08
Kentucky ¹									
Louisiana	.33	.66	.02	.04	.29	1.13	3 1.11	.49	.16
Maine	2.02	.40	.76	1.63	2.47	.00	.39	.16	1.84
Maryland	5.42	.99	33.21	4.51	1.55	.00	2.61	.16	1.93
Massachusetts	3.23	1.10	18.52	.97	3.63	.00	1.81	.08	4.74
Michigan	2.65	1.11	13.41	.27	4.03	.25	.91	.11	2.86
Minnesota	3.40	1.28	.61		6.50	.13	.91	.05	.80
Mississippi	4.79	.62	9.19	6.29	.43	.60	1.94	.35	6.08
Missouri	1.52	1.27	.78	.95	3.49	.16	.77	.06	.47
Montana	2.55	.48	.55	4.43	2.60	.81	.78	.04	1.35
Nebraska ⁴									
Nevada ²									
New Hampshire ³									
New Jersey	5.77	1.45	17.21		3.06	.01	1.51	.13	.92
New Mexico ²									
New York	3.10	1.09	9.78	.76	1.85	.01	1.49	.19	1.82
North Carolina	3.19	.87	1.61		1.05	.66		.09	1.96
North Dakota	2.51	.48	1.02	3.55	6.50	.46	.07	.14	1.09
Ohio	2.73	.94	21.99	.29	3.03	.85	.96	.10	2.00
Oklahoma ⁵	.87	.66	.21	.15	.80	.38	.38	.31	1.01
Oregon	1.88	1.50	.89	2.82	3.08	4.30	.74	.30	2.10
Pennsylvania ⁴									
Rhode Island	.98	1.26	40.37	.22	.95	.00	.69	.04	1.22
South Carolina	.25	.89	.01	.06	.30	.34	1.06	.33	2.22
South Dakota	1.70	.58	.35	4.56	7.75	.61	.05	.07	.26
Tennessee	1.22	.34	4.04	.20	.73	.24	.81	.13	.39
Texas ²									
Utah ⁴									
Vermont	7.82	.63	1.44	2.71	2.87	.00	3 .50	.10	7.05
Virginia	4.03	1.08	4.44		1.88	.44	3 .69	.10	3.16
Washington	3.79	.55	.52	4.61	3.40	3.34	.89	.07	2.00
West Virginia	1.27	.88	3.34		1.75	.22	.25	.28	1.39
Wisconsin	5.54	.91	2.62	3.55	3.19	.20	.52	.07	2.49
Wyoming	2.85	.73	.36	1.14	3.89	.36	.05	.00	2.75

¹Reports not required by law.²Reports received weekly.³Pulmonary.⁴Report not received at time of going to press.⁵Reports received annually.⁶Exclusive of Oklahoma City and Tulsa.

INFLUENZA AT SAULT STE. MARIE, MICH.

An epidemic of mild influenza was reported at Sault Ste. Marie, Mich., March 10, 1926.

TYPHUS FEVER AT EL PASO, TEX.

Under date of March 10, 1926, three cases of typhus fever with one death were reported at El Paso, Tex. All of the patients had visited Mexico. The health authorities are taking precautions to prevent the spread of the disease.

March 26, 1926

PLAQUE-ERADICATIVE MEASURES IN THE UNITED STATES

The following items were taken from the reports of plague-eradicate measures from Los Angeles, Calif.:

Week ended Mar. 6, 1926:

Number of rats trapped.....	2,364
Number of rats found to be plague infected.....	0
Number of squirrels examined.....	841
Number of squirrels found to be plague infected.....	0
Number of mice trapped.....	2,588
Number of mice found to be plague infected.....	0

Date of discovery of last plague-infected rodent, Nov. 6, 1925.

Date of last human case, Jan. 15, 1925.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended March 6, 1926, 37 States reported 1,245 cases of diphtheria. For the week ended March 7, 1925, the same States reported 1,478 cases of this disease. Ninety-nine cities, situated in all parts of the country and having an aggregate population of more than 29,500,000, reported 704 cases of diphtheria for the week ended March 6, 1926. Last year for the corresponding week they reported 882 cases. The estimated expectancy for these cities was 978 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-four States reported 16,944 cases of measles for the week ended March 6, 1926, and 4,275 cases of this disease for the week ended March 7, 1925. Ninety-nine cities reported 10,294 cases of measles for the week this year, and 2,256 cases last year.

Poliomyelitis.—The health officers of 37 States reported 16 cases of poliomyelitis for the week ended March 6, 1926. The same States reported 17 cases for the week ended March 7, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-seven States—this year, 4,073 cases; last year, 4,478 cases; 99 cities—this year, 1,641 cases; last year, 2,019 cases; estimated expectancy, 1,200 cases.

Smallpox.—For the week ended March 6, 1926, 37 States reported 970 cases of smallpox. Last year for the corresponding week they reported 960 cases. Ninety-nine cities reported smallpox for the week as follows: 1926, 265 cases; 1925, 344 cases; estimated expectancy, 133 cases. Nine deaths from smallpox were reported by these cities for the week this year—8 at Los Angeles, Calif., and 1 at San Francisco, Calif.

Typhoid fever.—One hundred and eighty cases of typhoid fever were reported for the week ended March 6, 1926, by 36 States. For the corresponding week of 1925, the same States reported 215 cases of this disease. Ninety-nine cities reported 57 cases of typhoid

fever for the week this year and 57 cases for the corresponding week last year. The estimated expectancy for these cities was 43 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 92 cities, with a population of more than 28,800,000, as follows: 1926, 1,783 deaths; 1925, 1,220.

City reports for week ended March 6, 1926

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1917 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Meas-les, cases reported	Mumps, cases reported	Pneu-monia, deaths re-por-ted
			Cases, esti-mated ex-pectancy	Cases re-por-ted	Cases re-por-ted	Deaths re-por-ted			
NEW ENGLAND									
Maine:									
Portland.....	75,333	12	2	0	0	0	11	1	1
New Hampshire:									
Concord.....	22,546	0	0	0	0	0	3	0	2
Manchester.....	83,097	0	3	0	0	0	14	0	1
Vermont:									
Burlington.....	10,008	0	1	0	0	0	0	0	0
Massachusetts:									
Boston.....	779,620	54	61	22	13	1	191	31	39
Fall River.....	128,993	4	4	4	0	0	21	4	4
Springfield.....	142,065	12	4	0	3	2	264	0	1
Worcester.....	190,757	2	4	1	0	0	11	3	4
Rhode Island:									
Pawtucket.....	69,760	2	1	2	0	0	125	0	3
Providence.....	267,918	0	11	5	0	1	288	0	7
Connecticut:									
Bridgeport.....	(1)	1	8	5	2	0	13	0	
Hartford.....	160,197	4	9	0	0	0	75	0	5
New Haven.....	178,927	25	3	1	2	1	33	2	7
MIDDLE ATLANTIC									
New York:									
Buffalo.....	533,016	19	14	6	3	1	10	1	11
New York.....	5,873,356	158	220	129	208	61	2,349	32	361
Rochester.....	316,786	16	8	10	126	8	39	1	26
Syracuse.....	182,003	27	6	2	4	1	63	46	5
New Jersey:									
Camden.....	128,642	9	4	5	3	4	42	0	22
Newark.....	452,513	49	17	10	36	0	572	7	23
Trenton.....	132,020	2	4	1	44	5	4	1	13
Pennsylvania:									
Philadelphia.....	1,979,364	102	83	52	35	54	570	15	210
Pittsburgh.....	631,563	34	22	7	2	2	37	0	40
Reading.....	112,707	13	3	1	0	0	11	1	6
EAST NORTH CENTRAL									
Ohio:									
Cincinnati.....	409,333	11	10	4	1	5	6	6	9
Cleveland.....	936,485	37	29	27	2	0	798	1	36
Columbus.....	279,836	19	4	1	0	3	400	3	7
Toledo.....	287,380	51	6	4	0	3	85	0	5
Indiana:									
Fort Wayne.....	97,846	10	3	2	0	0	0	3	2
Indianapolis.....	358,819	33	8	4	0	0	1,250	2	23
South Bend.....	80,091	5	1	1	0	0	4	0	3
Terre Haute.....	71,071	5	1	0	0	1	7	0	1

No estimate made.

March 26, 1926

City reports for week ended March 6, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL—continued									
Illinois:									
Chicago	2,995,239	132	103	65	58	7	153	10	127
Peoria	81,564	5	2	0	0	0	19	23	4
Springfield	63,923	15	1	1	3	1	7	4	1
Michigan:									
Detroit	1,245,824	46	55	54	16	3	1,119	12	77
Flint	130,316	14	6	1	0	0	7	1	2
Grand Rapids	153,698	25	3	2	0	0	23	0	2
Wisconsin:									
Madison	46,385	9	1	0	0	0	115	0	1
Milwaukee	509,192	69	15	16	0	0	60	38	8
Racine	67,707	6	1	2	0	0	2	0	2
Superior	39,671	0	0	0	0	0	0	0	2
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	8	1	0	0	0	7	0	0
Minneapolis	425,435	100	17	13	0	0	115	4	9
St. Paul	246,001	25	14	11	0	1	6	6	11
Iowa:									
Davenport	(1)	3	1	2	0	0	0	0	—
Sioux City	(1)	3	2	0	0	0	1	0	—
Waterloo	36,771	4	0	0	0	0	30	0	—
Missouri:									
Kansas City	367,481	8	2	2	0	0	0	0	3
St. Joseph	78,342	2	2	2	0	0	0	5	—
St. Louis	821,543	42	42	74	2	0	110	0	—
North Dakota:									
Fargo	26,403	2	0	0	0	0	0	18	—
Grand Forks	14,811	0	0	0	0	0	3	0	—
South Dakota:									
Aberdeen	15,036	2	0	0	0	0	23	85	—
Sioux Falls	30,127	1	1	0	0	0	6	0	0
Nebraska:									
Lincoln	60,941	8	1	0	0	1	0	1	1
Omaha	211,768	18	5	1	0	0	14	1	10
Kansas:									
Topeka	55,411	8	1	1	0	0	11	1	0
Wichita	88,367	13	3	0	0	1	63	1	6
SOUTH ATLANTIC									
Delaware:									
Wilmington	122,049	4	2	7	0	0	151	0	25
Maryland:									
Baltimore	706,296	95	26	17	71	7	871	104	48
Cumberland	33,741	1	0	4	3	0	2	0	5
Frederick	12,035	0	0	0	0	1	10	0	0
District of Columbia:									
Washington	497,906	31	13	19	8	2	148	0	39
Virginia:									
Lynchburg	30,395	21	1	1	0	0	11	2	4
Norfolk	(1)	20	2	1	0	0	7	4	7
Richmond	186,403	1	2	2	0	4	9	4	10
Roanoke	58,208	1	1	2	0	0	73	1	3
West Virginia:									
Charleston	49,019	3	1	0	6	0	16	0	0
Wheeling	56,208	2	1	2	0	0	28	0	5
North Carolina:									
Raleigh	30,371	1	1	0	0	1	0	0	2
Wilmington	37,061	25	0	0	0	1	0	2	4
Winston-Salem	69,031	3	0	1	0	0	88	1	4
South Carolina:									
Charleston	73,125	0	0	0	40	4	4	0	3
Columbia	41,225	3	1	0	0	0	1	1	—
Greenville	27,311	0	1	0	0	0	0	4	2
Georgia:									
Atlanta	(1)	8	2	1	148	4	4	0	9
Brunswick	16,800	21	0	0	1	0	0	0	0
Savannah	98,134	1	1	1	20	0	12	0	5

¹ No estimate made.

City reports for week ended March 6, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC—CON.									
Florida:									
St. Petersburg.....	26,847	0				0			1
Tampa.....	94,743	0	2	0	2	1	1	1	6
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	58,309	0	1	0	0	0	0	0	3
Louisville.....	305,935	9	6	3	10	0	140	0	17
Tennessee:									
Memphis.....	174,533	20	5	3	0	9	14	2	10
Nashville.....	136,220	4	1	0	0	7	92	1	6
Alabama:									
Birmingham.....	205,670	19	2	1	341	30	9	1	21
Mobile.....	65,955	2	1	1	5	4	0	0	3
Montgomery.....	46,481	9	0	1	5	0	0	13	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	31,643	11	1	0	0	1	0		
Little Rock.....	74,216	5	0	0	27	3	0	1	1
Louisiana:									
New Orleans.....	414,493	6	11	10	24	14	1	0	19
Shreveport.....	57,857	5	1	0	11	0	0	0	0
Oklahoma:									
Oklahoma City.....	(1)	1	2	0	46	1	0	1	7
Tulsa.....	124,478	1	1	1	0	2	0		
Texas:									
Dallas.....	194,450	21	5	4	16	4	1	0	16
Galveston.....	48,375	4	1	1	0	0	0	0	3
Houston.....	164,954	1	2	7	0	1	1	1	27
San Antonio.....	198,060	1	2	2	1	6	0	0	16
MOUNTAIN									
Montana:									
Billings.....	17,971	1	0	0	0	0	4	7	0
Great Falls.....	20,883	18	1	0	0	1	1	23	2
Helena.....	12,037	0	0	0	0	0	0	0	1
Missoula.....	12,668	0	0	0	70	2	0	0	0
Idaho:									
Bolse.....	23,042	1	0	0	0	0	0	0	0
Colorado:									
Denver.....	280,911	31	8	2	9	10	2	17	
Pueblo.....	43,787	4	2	0	0	8	0	0	2
New Mexico:									
Albuquerque.....	21,000	1	1	5	0	0	1	7	5
Arizona:									
Phoenix.....	38,669	2	-----	0	0	0	0	0	1
Utah:									
Salt Lake City.....	130,948	17	2	6	0	0	0	28	4
Nevada:									
Reno.....	12,665	0	0	0	0	0	0	2	0
PACIFIC									
Washington:									
Seattle.....	(1)	48	6	12	0	33	80		
Spokane.....	108,897	8	3	8	0	0	0		
Tacoma.....	104,455	1'	-----	-----	-----	-----	-----	-----	-----
Oregon:									
Portland.....	282,383	19	5	13	10	1	8	8	4
California:									
Los Angeles.....	(1)	118	33	37	26	6	11	11	26
Sacramento.....	72,260	3	1	1	0	0	0	0	2
San Francisco.....	557,530	57	24	12	3	3	55	17	5

¹ No estimate made.

City reports for week ended March 6, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
NEW ENGLAND											
Maine:											
Portland	2	2	0	0	0	1	0	1	0	11	17
New Hampshire:											
Concord	1	0	0	0	0	0	0	0	0	0	11
Manchester	2	6	0	0	0	0	0	0	1	0	12
Vermont:											
Barre	1	0	0	0	0	2	0	0	0	0	2
Massachusetts:											
Boston	61	83	0	0	0	9	2	2	0	184	274
Fall River	3	3	0	0	0	2	1	0	0	2	35
Springfield	7	9	0	0	0	7	0	0	0	18	31
Worcester	10	4	0	0	0	5	1	0	0	12	63
Rhode Island:											
Pawtucket	1	1	0	0	0	2	0	0	0	6	31
Providence	8	5	0	0	0	1	0	0	0	0	63
Connecticut:											
Bridgeport	9	19	0	0	0	2	0	0	0	0	43
Hartford	6	7	0	0	0	3	0	0	0	8	44
New Haven	6	14	0	0	0	0	0	2	0	22	42
MIDDLE ATLANTIC											
New York:											
Buffalo	19	18	0	0	0	14	1	1	0	29	143
New York	257	173	0	0	0	101	7	2	4	82	1,851
Rochester	18	8	0	0	0	2	1	2	0	15	120
Syracuse	16	3	0	0	0	2	0	0	0	60	67
New Jersey:											
Camden	4	14	0	0	0	2	0	0	0	0	66
Newark	24	35	1	0	0	10	0	0	0	26	131
Trenton	4	1	0	0	0	2	0	1	0	0	57
Pennsylvania:											
Philadelphia	74	65	0	0	0	49	3	2	0	49	870
Pittsburgh	26	47	0	0	0	9	0	1	1	36	217
Reading	2	8	0	0	0	3	0	0	0	5	45
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	13	35	2	2	0	17	1	1	0	66	127
Cleveland	34	100	1	0	0	16	1	0	0	114	218
Columbus	9	16	1	7	0	11	0	0	0	5	94
Toledo	21	13	3	0	0	4	0	0	0	27	65
Indiana:											
Fort Wayne	4	8	1	0	0	0	1	0	0	1	23
Indianapolis	8	14	6	22	0	7	0	0	0	63	113
South Bend	4	2	1	2	0	0	0	0	0	4	14
Terre Haute	3	2	1	0	0	0	0	0	0	2	20
Illinois:											
Chicago	129	129	3	1	0	52	3	3	0	44	803
Peoria	4	6	1	0	0	0	0	0	0	11	32
Springfield	1	5	1	0	0	2	0	1	0	17	21
Michigan:											
Detroit	93	117	3	0	0	17	1	2	0	44	365
Flint	7	25	1	0	0	0	0	0	0	22	20
Grand Rapids	9	24	1	0	0	0	1	0	0	60	30
Wisconsin:											
Madison	4	4	0	0	0	1	0	0	0	4	8
Milwaukee	33	18	4	0	0	10	0	0	0	56	116
Racine	3	5	1	0	0	1	0	0	0	34	13
Superior	2	3	4	0	0	0	0	0	0	0	7
WEST NORTH CENTRAL											
Minnesota:											
Duluth	4	17	1	0	0	1	1	0	0	16	11
Minneapolis	40	69	11	0	0	3	0	0	0	5	89
St. Paul	28	48	7	0	0	2	1	0	0	49	67

1Pulmonary tuberculosis only.

City reports for week ended March 6, 1926

City re^s or week ended March 6, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	0	0	1	0			0	0		3	
Little Rock	1	1	0	0	0	0	0	1	0	0	
Louisiana:											
New Orleans	5	13	3	15	0	20	2	8	0	2	108
Shreveport	1	1	2	1	0	1	1	0	0	0	24
Oklahoma:											
Oklahoma City	3	5	5	0	0	1	0	1	0	0	24
Tulsa	1	2	2	0			0	0		0	
Texas:											
Dallas	1	2	5	11	0	7	0	0	0	16	60
Galveston	1	1	1	8	0	1	0	0	0	0	18
Houston	1	1	2	10	0	4	0	0	0	0	60
San Antonio	1	2	0	0	0	7	0	0	0	0	64
MOUNTAIN											
Montana:											
Billings	1	2	1	0	0	0	0	0	0	1	12
Great Falls	2	2	2	0	0	1	0	0	0	7	10
Helena	0	1	0	0	0	0	0	0	0	0	2
Missoula	1	1	0	0	0	1	0	0	0	0	6
Idaho:											
Boise	0	1	1	3	0	0	0	0	0	0	7
Colorado:											
Denver	12	23	2	0	0	8	0	16	0	69	93
Pueblo	1	1	1	0	0	1	0	0	0	6	12
New Mexico:											
Albuquerque	1	8	0	0	0	4	0	0	0	2	18
Arizona:											
Phoenix	0	0	0	0	0	10		0	0	0	24
Utah:											
Salt Lake City	4	6	1	1	0	4	0	0	0	44	33
Nevada:											
Reno	0	0	0	0	0	0	0	0	0	0	3
PACIFIC											
Washington:											
Seattle	10	37	3	10			1	4		2	
Spokane	4	29	7	0			0	0		8	
Tacoma	2		3				0				
Oregon:											
Portland	6	13	12	15	0	5	0	0	0	2	63
California:											
Los Angeles	21	37	4	72	8	24	2	1	0	5	264
Sacramento	1	3	0	2	0	3	0	0	0	0	30
San Francisco	15	10	7	5	1	9	1	1	0	5	139

City reports for week ended March 6, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
EAST NORTH CENTRAL									
Illinois:									
Chicago.....	1	1	0	0	0	0	0	0	0
Michigan:									
Detroit.....	0	0	0	1	0	0	1	0	0
WEST NORTH CENTRAL									
Minnesota:									
Minneapolis.....	0	0	1	0	0	0	0	0	0
Missouri:									
St. Louis.....	1	0	0	0	0	0	0	0	0
Nebraska:									
Lincoln.....	2	1	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore.....	1	1	2	0	0	0	0	0	0
District of Columbia:									
Washington.....	0	0	2	1	0	0	0	1	0
South Carolina:									
Charleston.....	0	0	0	0	0	2	0	0	1
Georgia:									
Atlanta.....	0	0	0	0	0	1	0	0	0
Brunswick.....	0	0	0	0	1	0	0	0	0
Savannah.....	0	0	0	0	1	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Little Rock.....	0	1	0	0	0	1	0	0	0
Louisiana:									
New Orleans ¹	1	0	1	0	0	1	0	0	0
Shreveport.....	0	0	0	1	0	2	0	0	0
Texas:									
Houston.....	0	0	0	0	0	1	0	0	0
MOUNTAIN									
Colorado:									
Denver.....	0	0	0	1	0	0	0	0	0
PACIFIC									
Washington:									
Seattle.....	12	0	0	0	0	0	0	0	0
Spokane.....	9	0	0	0	0	0	0	0	0
Oregon:									
Portland.....	1	0	0	0	0	0	0	0	0
California:									
Los Angeles.....	0	0	2	1	0	0	0	1	0
Sacramento.....	1	2	1	0	0	0	0	0	0
San Francisco.....	1	0	0	0	0	0	0	0	0

¹Dengue, 1 case at New Orleans, La.

The following table gives the rates per 100,000 population for 103 cities for the five-week period ended March 6, 1926, compared with those for a like period ended March 7, 1925. The population figures used in computing the rates are approximate estimates as of July 1, 1925 and 1926, respectively, authoritative figures for many of the cities not being available. The 103 cities reporting cases had an estimated aggregate population of nearly 30,000,000 in

1925 and nearly 30,500,000 in 1926. The 96 cities reporting deaths had more than 29,250,000 estimated population in 1925 and more than 29,750,000 in 1926. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, January 31 to March 6, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925¹

DIPHTHERIA CASE RATES

	Week ended—									
	Feb. 7, 1925	Feb. 6, 1926	Feb. 14, 1925	Feb. 13, 1926	Feb. 21, 1925	Feb. 20, 1926	Feb. 28, 1925	Feb. 27, 1926	Mar. 7, 1925	Mar. 6, 1926
103 cities.....	* 169	134	* 163	* 136	153	137	* 163	* 134	156	* 124
New England.....	185	97	237	123	232	116	* 184	102	225	* 95
Middle Atlantic.....	170	129	164	140	162	132	177	118	166	* 111
East North Central.....	136	119	124	* 132	116	134	111	* 140	107	123
West North Central.....	247	220	251	168	203	202	289	* 263	273	* 235
South Atlantic.....	* 145	133	* 173	135	148	105	108	* 73	98	109
East South Central.....	58	42	63	47	74	57	47	* 55	58	47
West South Central.....	167	138	154	116	119	90	154	116	137	103
Mountain.....	185	127	92	173	157	218	148	* 163	83	73
Pacific.....	257	189	171	140	157	205	246	216	224	* 200

MEASLES CASE RATES

103 cities.....	* 242	1,481	* 285	* 1,717	367	1,994	* 342	* 2,024	403	* 1,818
New England.....	556	2,408	637	2,347	695	2,709	* 569	2,188	633	* 2,457
Middle Atlantic.....	204	1,347	286	1,511	371	1,913	341	2,040	426	* 1,627
East North Central.....	415	2,152	479	* 2,633	637	2,929	589	* 3,031	733	* 2,691
West North Central.....	16	408	28	542	26	677	70	* 642	66	* 845
South Atlantic.....	* 46	2,579	* 92	3,112	104	3,276	77	* 2,856	94	* 2,697
East South Central.....	47	711	68	732	47	960	42	* 1,311	79	1,323
West South Central.....	35	34	48	13	13	9	48	9	22	17
Mountain.....	758	91	148	109	601	137	888	* 0	28	209
Pacific.....	58	105	28	167	61	202	58	162	102	* 282

SCARLET FEVER CASE RATES

103 cities.....	* 397	298	* 385	* 298	376	309	* 390	* 287	381	* 290
New England.....	592	402	544	362	585	362	* 543	354	563	* 349
Middle Atlantic.....	372	209	406	197	374	208	411	187	370	* 175
East North Central.....	398	338	371	* 358	403	372	402	* 334	403	* 345
West North Central.....	844	746	695	770	719	772	711	* 764	752	* 815
South Atlantic.....	* 241	163	* 261	171	157	150	192	* 203	161	163
East South Central.....	89	119	194	114	205	244	168	* 182	179	187
West South Central.....	154	138	114	108	119	108	137	112	176	90
Mountain.....	324	155	370	218	240	237	305	* 109	277	337
Pacific.....	246	326	168	310	177	332	213	313	207	* 331

¹ The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1925, and 1926, respectively.

² Wilmington, Del., not included.

³ Madison, Wis., not included.

⁴ Hartford, Conn., not included.

⁵ Madison, Wis., Kansas City, Mo., Winston-Salem, N. C., Covington, Ky., and Denver, Colo., not included.

⁶ Barre, Vt., Newark, N. J., Kansas City, Mo., and Tacoma, Wash., not included.

⁷ Barre, Vt., not included.

⁸ Newark, N. J., not included.

⁹ Kansas City, Mo., not included.

¹⁰ Winston-Salem, N. C., not included.

¹¹ Covington, Ky., not included.

¹² Denver, Colo., not included.

¹³ Tacoma, Wash., not included.

Summary of weekly reports from cities, January 31 to March 6, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

SMALLPOX CASE RATES

	Week ended—											
	Feb.	Feb.	Feb.	Feb.	Feb.	Feb.	Feb.	Feb.	Feb.	Mar.	Mar.	
	7, 1925	6, 1926	14, 1925	13, 1926	21, 1925	20, 1926	28, 1925	27, 1926	7, 1925	6, 1926		
103 cities	273	47	276	353	64	41	464	541	60	647		
New England	0	0	0	0	0	0	40	0	0	70		
Middle Atlantic	2	0	4	1	2	0	3	0	1	80		
East North Central	36	16	33	23	52	33	26	19	40	23		
West North Central	141	53	187	32	123	63	117	90	111	962		
South Atlantic	258	101	292	81	63	51	40	60	48	100		
East South Central	756	42	620	52	488	104	536	115	599	67		
West South Central	119	155	132	112	79	142	110	133	70	194		
Mountain	28	73	157	73	83	36	55	12	46	36		
Pacific	254	324	210	461	204	194	298	245	196	13254		

TYPHOID FEVER CASE RATES

103 cities	13	7	12	6	10	7	13	5	10	10	10
	Feb.										
New England	29	14	19	5	0	7	13	5	7	12	
Middle Atlantic	13	3	6	6	10	4	8	2	10	5	
East North Central	8	3	6	4	6	5	6	1	8	5	
West North Central	0	6	10	4	4	6	16	2	6	0	
South Atlantic	216	13	20	15	8	4	19	12	8	6	
East South Central	11	21	37	10	32	5	32	11	32	10	
West South Central	22	4	44	0	40	22	40	30	26	39	
Mountain	28	36	18	0	37	18	74	12	9	146	
Pacific	17	16	11	13	22	16	8	8	14	17	

INFLUENZA DEATH RATES

96 cities	29	35	27	34	29	50	34	36	30	52
	Feb.									
New England	46	12	26	19	17	2	39	19	17	12
Middle Atlantic	24	20	22	15	21	27	20	39	15	71
East North Central	12	12	16	11	17	11	23	14	25	14
West North Central	19	19	11	4	21	19	36	22	34	5
South Atlantic	244	68	52	64	52	137	46	93	50	47
East South Central	63	104	58	62	68	161	116	143	95	269
West South Central	92	180	116	302	145	298	140	227	135	132
Mountain	55	109	55	127	55	109	18	100	18	109
Pacific	36	67	4	35	11	96	25	35	25	34

PNEUMONIA DEATH RATES

96 cities	214	206	212	213	207	250	190	260	196	271
	Feb.									
New England	204	201	230	156	232	175	235	165	218	188
Middle Atlantic	252	213	230	212	215	289	184	316	209	361
East North Central	152	145	158	161	173	180	160	180	182	206
West North Central	106	127	133	77	127	125	150	81	136	96
South Atlantic	295	344	247	406	232	486	275	456	251	340
East South Central	299	249	289	223	294	296	268	309	247	311
West South Central	334	387	440	533	387	533	203	378	218	387
Mountain	185	228	268	328	203	173	259	410	129	237
Pacific	175	185	171	138	189	174	145	142	124	126

² Wilmington, Del., not included.³ Madison, Wis., not included.⁴ Hartford, Conn., not included.⁵ Madison, Wis., Kansas City, Mo., Winston-Salem, N. C., Covington, Ky., and Denver, Colo., not included.⁶ Barre, Vt., Newark, N. J., Kansas City, Mo., and Tacoma, Wash., not included.⁷ Barre, Vt., not included.⁸ Newark, N. J., not included.⁹ Kansas City, Mo., not included.¹⁰ Winston-Salem, N. C., not included.¹¹ Covington, Ky., not included.¹² Denver, Colo., not included.¹³ Tacoma, Wash., not included.

March 26, 1926

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1925 and 1926, respectively

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1925	1926	1925	1926
Total.....	103	96	29,944,996	30,473,129	29,251,658	29,764,201
New England.....	12	12	2,176,124	2,206,124	2,176,124	2,206,124
Middle Atlantic.....	10	10	10,346,970	10,476,970	10,346,970	10,476,970
East North Central.....	16	16	7,481,656	7,655,436	7,481,656	7,655,436
West North Central.....	14	11	2,594,962	2,634,662	2,461,380	2,499,036
South Atlantic.....	21	21	2,716,070	2,776,070	2,716,070	2,776,070
East South Central.....	7	7	993,103	1,004,953	993,103	1,004,953
West South Central.....	8	6	1,184,057	1,212,057	1,078,198	1,103,695
Mountain.....	9	9	563,912	572,773	563,912	572,773
Pacific.....	6	4	1,888,142	1,934,084	1,434,245	1,469,144

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended February 20, 1926.—The following report for the week ended February 20, 1926, was transmitted by the far eastern bureau of the health section of the League of Nations' secretariat, located at Singapore, to the headquarters at Geneva.

Port	Plague		Cholera		Small-pox		Port	Plague		Cholera		Small-pox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
Calcutta	0	—	37	63	36	—	Tsuruga	0	0	0	0	0	0
Bombay	6	—	0	12	5	—	Hakodate	0	0	0	0	0	0
Madras	0	—	7	8	3	—	Keelung	0	0	0	0	0	0
Rangoon	8	—	0	13	1	—	Fusan	0	0	0	0	0	0
Karachi	0	—	0	21	3	—	Dairen	0	0	0	0	6	0
Negapatam	0	—	11	5	5	—	Adelaide	0	0	0	0	0	0
Colombo	0	0	0	0	0	1	Brisbane	0	0	0	0	0	0
Basra	0	0	0	0	6	4	Fremantle	0	0	0	0	0	0
Singapore	0	0	0	0	3	—	Melbourne	0	0	0	0	0	0
Port Swettenham	0	0	0	0	0	0	Sydney	0	0	0	0	0	0
Penang	0	0	0	0	0	0	Rockhampton	0	0	0	0	0	0
Batavia	0	0	0	0	0	0	Townsville	0	0	0	0	0	0
Surabaya	2	2	0	0	0	0	Port Darwin	0	0	0	0	0	0
Samarang	0	0	0	0	0	0	Broome	0	0	0	0	0	0
Belawan Deli	0	0	0	0	0	0	Port Moresby	0	0	0	0	0	0
Makassar	2	1	0	0	0	0	Auckland	0	0	0	0	0	0
Pontianak (Borneo)	0	0	0	0	0	0	Wellington	0	0	0	0	0	0
Sandakan (North Borneo)	0	0	0	0	0	0	Christchurch	0	0	0	0	0	0
Kuching (Sarawak)	0	0	0	0	24	1	Invercargill	0	0	0	0	0	0
Timor Dilly	0	0	0	0	0	0	Honolulu	0	0	0	0	0	0
Manila	0	0	0	0	0	0	Suez	0	0	0	0	0	0
Zamboanga	0	0	0	0	0	0	To Quarantine Station	0	0	0	0	0	0
Bangkok	1	1	25	17	13	8	Alexandria	0	0	0	0	0	0
Saigon and Cholon	0	0	0	0	2	0	Port-Said	0	0	0	0	0	0
Haiphong	0	0	0	0	0	0	Mombasa (Kenya)	0	0	0	0	0	0
Tourane	0	0	0	0	0	0	Zanzibar	0	0	0	0	0	0
Hongkong	0	0	0	0	1	0	Massowah	0	0	0	0	0	0
Shanghai	0	0	0	0	0	0	Djibuti	0	0	0	0	0	0
Amoy	0	0	0	0	3	0	Berbera	0	0	0	0	0	0
Nagasaki	0	0	0	0	1	0	Mozambique	0	0	0	0	0	0
Yokohama	0	0	0	0	0	0	Lourenco Marques	0	0	0	0	0	0
Simoneoseki	0	0	0	0	0	0	Durban	0	0	0	0	0	0
Moji	0	0	0	0	0	0	East London	0	0	0	0	0	0
Kobe	0	0	0	0	0	0	Port Elizabeth	0	0	0	0	0	0
Osaka	0	0	0	0	0	0	Cape Town	0	0	0	0	0	0
Nilgata	0	0	0	0	0	0	Port-Louis (Mauritius)	0	0	0	0	0	0
							Seychelles	0	0	0	0	0	0

BRAZIL

Plague—Malaria—Typhoid fever—Bahia.—During the period from January 17 to February 13, 1926, 43 deaths from malaria, 3 cases of plague with 1 death, and 29 cases of typhoid fever with 7 deaths were reported at Bahia, Brazil.

CANADA

Communicable diseases—February 27–March 6, 1926.—The following table shows the number of cases of certain communicable diseases in seven Provinces of Canada during the week ended March 6, 1926. The information was supplied by the Canadian Ministry of Health.

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Cerebrospinal fever.....			1	1				2
Influenza.....	31		1					31
Poliomyelitis.....			1					1
Smallpox.....		1	6	4		5	3	12
Typhoid fever.....	1	1	6	7			2	17

Communicable diseases—Ontario—February, 1926 (comparative).—During the month of February, 1926, communicable diseases were reported in the Province of Ontario as follows:

Disease	February, 1926		February, 1925		Disease	February, 1926		February, 1925	
	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis.....	3	2	8	4	Mumps.....	588		1,112	
Chancroid.....			15		Pneumonia.....		227		241
Chicken pox.....	785		539		Poliomyelitis.....			4	3
Diphtheria.....	201	18	285	17	Scarlet fever.....	820	4	621	10
German measles.....	511		13	1	Septic sore throat.....		2	3	1
Gonorrhœa.....	190		216		Smallpox.....	86		13	1
Influenza.....		31		24	Syphilis.....	162		163	
Lethargic encephalitis.....	2	1	11	9	Tuberculosis.....	163	79	158	88
Measles.....	1,899	2	1,576	3	Typhoid fever.....	26		40	3
					Whooping cough.....	420	2	427	8

Smallpox distribution.—The occurrence of smallpox was distributed in 24 localities with the greatest number of cases reported at Kitchener, viz., 26. At Toronto 4 cases were reported; at Trenton, 8; North Bay, 3; Ottawa, 1 case. For further statement of occurrence according to locality see page 595.

Epidemic measles in border cities.—Press notice received under date of March 4, 1926, from Windsor, Ontario, Canada, shows spread of epidemic measles in cities on the Canadian border and urges cooperation of citizens with the health authorities in checking spread of infection by reporting suspect or actual cases of the disease. On March 3, 23 new cases of measles were reported at Windsor. During the month of January, 1926, 164 cases, and in February, 292 cases of measles, were reported in Windsor and the border cities of Walkerville, Ford, Sandwich, and Ojibway (total population, 88,000).

CHILE

Typhoid fever—Typhus fever—December 15–31, 1925.—During the period December 15 to 31, 1925, 13 cases of typhoid fever and 46 cases of typhus fever were reported in the Republic of Chile, occurring in 13 localities. The distribution of the occurrence was as follows:

Locality	Typhoid fever	Typhus fever	Population	Locality	Typhoid fever	Typhus fever	Population
Achao		1	1,657	Los Angeles		5	13,274
Bulnes		1	3,987	Penco		2	4,408
Chillan		24	30,881	San Carlos		1	7,510
Concepcion		6	64,074	San Javier de Loncom		1	4,808
Constitucion	4		7,827	Talca		1	36,079
Curicó	7		15,879	Valparaiso		4	182,422
Linares		1	12,051				

JAMAICA

Communicable diseases—January 24–February 27, 1926.—A supplementary report for the week ended January 30, 1926, shows the occurrence of 1 case of chicken pox, 1 case of smallpox (reported as alastrim), 2 cases of pulmonary tuberculosis, and 4 cases of typhoid fever in Jamaica.

During the four weeks ended February 27, 1926, communicable diseases were reported in Jamaica as follows: Chicken pox, 23 cases; diphtheria, 2; leprosy, 1; smallpox (reported as alastrim), 121; pulmonary tuberculosis, 40; typhoid fever, 43 cases.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended March 26, 1926¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				
Calcutta	Jan. 24–30	34	29	
Madras	Feb. 7–13	5	3	
Rangoon	Jan. 24–30	1	1	
Philippine Islands				
Manila	Jan. 31–Feb. 6		2	
Province				
Batangas	Jan. 2–16	1	1	
Bulacan	do	5	5	
Pampanga	Jan. 2–23	27	24	
Rizal	Dec. 20–31	14	11	
Siam				
Bangkok	Jan. 24–30	31	19	

¹ From medical officers of the Public Health Service, American consuls, and other sources.

March 26, 1926

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received During Week Ended March 26, 1926—Continued
PLAGUE

Place	Date	Cases	Deaths	Remarks
Brazil:				
Bahia.....	Jan. 17-30.....	3	1	
Celebes:				
Makassar.....	Jan. 20-26.....	3	3	
India:				
Madras Presidency.....	Jan. 17-23.....	113	73	
Rangoon.....	Jan. 24-30.....	3	2	
Iraq:				
Bagdad.....	Jan. 10-16.....	1	1	
Java:				
Batavia.....	Jan. 23-29.....	61	57	Province.
Ceribon.....	Jan. 10-16.....	1	1	
Surabaya.....	do.....	6	6	East Java and Madoera.
Siam:				
Bangkok.....	Jan. 24-30.....		1	
Straits Settlements:				
Singapore.....	Jan. 3-9.....	2	2	

SMALLPOX

Canada:				
Ontario.....				
Do.....	Feb. 21-27.....	20		
Adinastion.....	Feb. 1-26.....	5		
Alice and Fraser.....	do.....	6		
Belleville.....	do.....	4		
King.....	do.....	7		
Kitchener.....	do.....	26		
North Bay.....	do.....	3		
Toronto.....	do.....	4		
Trenton.....	do.....	8		
Wilmot.....	do.....	6		
Ceylon:				
Colombo.....	Jan. 31-Feb. 6.....	3		Port cases, 2. Town case infected from India.
China:				
Chungking.....	Jan. 24-Feb. 6.....			Present.
Hongkong.....	Jan. 24-30.....	1		Prevalent.
Nanking.....	Jan. 24-Feb. 13.....			Feb. 7-13, 1926: Cases, 5.
South Manchuria Railway line:				
An-shan.....	Feb. 7-13.....	3		
Changchun.....	do.....	1		
Mukden.....	do.....	1		
Swatow.....	Jan. 31-Feb. 13.....			Prevalent.
Chosen:				
Seishin.....	Jan. 1-31.....	5	2	
Egypt:				
Alexandria.....	Feb. 5-11.....	2		
Great Britain:				
England and Wales.....	Jan. 30-Feb. 20.....	885		
Hull.....	Feb. 21-27.....	1		
Newcastle-on-Tyne.....	Feb. 1-20.....	3		
India:				
Bombay.....	Jan. 17-30.....	26	15	Jan. 3-16, 1926: Cases, 9,218; deaths, 2,241.
Calcutta.....	Jan. 24-30.....	47	40	
Karachi.....	Jan. 31-Feb. 6.....	8	3	
Madras.....	Feb. 7-13.....	10		
Rangoon.....	Jan. 24-30.....	6		
Italy:				
Catania.....	Feb. 15-21.....	1		
Jamaica:				
Do.....	Jan. 24-30.....	1		Reported as alastrim.
Japan:				
Nagasaki.....	Feb. 15-21.....	1		Do.
Java:				
Surabaya.....	Jan. 10-16.....	24	6	
Mexico:				
Aguascalientes.....	Feb. 28-Mar. 6.....		3	
Guadalajara.....	Mar. 2-8.....		1	
Tampico.....	Feb. 22-28.....	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received During Week Ended March 26, 1926—Continued
SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Palestine: Tiberias.....	Feb. 9-15.....	1		
Siam: Bangkok.....	Jan. 24-30.....	19	9	
Spain: Valencia.....	Feb. 14-27.....	5		
Straits Settlements: Singapore.....	Jan. 10-16.....	2	1	
Tunis: Tunis.....	Feb. 11-20.....	1		

TYPHUS FEVER

Place	Date	Cases	Deaths	Remarks
Algeria: Algiers.....	Feb. 1-10.....	8		
Chile.....	Dec. 15-31.....	1		Dec. 15-31, 1925: Cases, 46.
Achao.....	do.....	1		
Bulnes.....	do.....	1		
Chillan.....	do.....	24		
Concepcion.....	do.....	6		
Linares.....	do.....	1		
Los Angeles.....	do.....	5		
Penco.....	do.....	2		
San Carlos.....	do.....	1		
Talca.....	do.....	1		
Valparaiso.....	do.....	4		
Mexico: Mexico City.....	Feb. 21-27.....	8		Including municipalities in Federal District.
Poland.....				Nov. 29-Dec. 19, 1925: Cases, 144; deaths, 12.
Union of South Africa: Cape Province— Grahamstown.....	Jan. 24-30.....	2		Outbreaks reported in districts of Harrismith, Libode, and Umtata.

Reports Received from December 26, 1925, to March 19, 1926¹
CHOLERA

Place	Date	Cases	Deaths	Remarks
Chosen.....	October, 1925.....	6		
India.....				
Calcutta.....	Nov. 1-28.....	101	89	Oct. 18-Dec. 19, 1925: Cases, 18,697; deaths, 10,918. Dec. 27, 1925-Jan. 2, 1926: Cases, 2,619; deaths, 1,453.
Do.....	Dec. 6-26.....		54	
Do.....	Dec. 27-Jan. 16.....		41	
Madras.....	Nov. 15-Jan. 2.....	174	● 70	
Do.....	Jan. 3-Feb. 6.....	70	43	
Rangoon.....	Nov. 8-Dec. 5.....	4	4	
Indo-China.....				
Province—				
Annam.....	Sept. 1-30.....	2	2	September, 1925: Cases, 9; deaths, 5. September, 1924: Cases, 7; deaths, 4. (European cases, 2.)
Cochin China.....	do.....	5	3	September, 1924: None.
Saigon.....	Jan. 4-17.....	2	2	September, 1924: 1 case; 1 death. Including 100 square kilometers of surrounding country.
Tonkin.....	September, 1925.....	2		September, 1924: None.
Japan.....	Aug. 30-Oct. 17.....	409		
Do.....	Oct. 25-Nov. 28.....	82		
Philippine Islands:				
Manila.....	Nov. 9-Jan. 3.....	15	10	
Do.....	Jan. 4-31.....	11	21	

¹ From medical officers of the Public Health Service, American consuls, and other sources.

March 26, 1926

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from December 26, 1925, to March 19, 1926—Continued
CHOLERA—Continued

Place	Date	Cases	Deaths	Remarks
Philippine Islands—Contd.				
Province—				
Bataan	Nov. 30-Dec. 26	29	25	
Bulacan	Oct. 18-Nov. 7	92	64	
Do.	Nov. 23-Dec. 31	200	88	
Laguna	Nov. 23-Dec. 26	18	14	
Nueva Ecija	do	6	2	
Pampanga	Nov. 1-7	1	1	
Do.	Nov. 23-Dec. 31	113	85	
Rizal	Sept. 27-Nov. 21	75	21	
Romblon	Dec. 7-13	23	12	
Russia	May-June	7		
Do.	July-August	4		
Siam:				
Bangkok	Oct. 4-Nov. 14	108	68	
Do.	Nov. 22-Dec. 26	270	149	
Do.	Dec. 27-Jan. 23	115	83	
On vessel:				
Steamship	Oct. 3	9		Arrived at Bangkok, Siam: Cases in coolie passengers.

PLAQUE

Argentina:				
Buenos Aires	Jan. 24-30	1		
Brazil:				
Bahia	Nov. 8-Dec. 27	3	1	
Do.	Dec. 27-Jan. 2	1	1	
Santos	Dec. 8-21		2	
British East Africa:				
Kenya—				
Kisumu	Nov. 22-Dec. 5	1	2	
Uganda Protectorate	September-November.	338	308	
Canary Islands:				
La Laguna	Dec. 24	3	2	
Las Palmas	do	1		
Do.	Jan. 7	1	1	
Santa Cruz de Teneriffe	Dec. 18-27	3		
Do.	Dec. 28-Feb. 1	3		
Celebes:				
Makassar	Dec. 29-Jan. 4	4	4	Netherlands East Indies.
Ceylon:				
Colombo	Nov. 15-Dec. 5	3	3	1 plague rodent.
Do.	Dec. 27-Jan. 16	2	2	Do.
Do.	Jan. 24-30			
China:				
Nanking	Nov. 15-Jan. 23			Prevalent.
Ecuador:				
Eloy Alfaro	Jan. 1-15	1		
Guayaquil	Nov. 1-Dec. 31	31	12	
Do.	Jan. 1-31	34	14	Rats taken, Nov. 1-Dec. 31, 1925, 49,370; rats found infected, 281. Rats taken, Jan. 1-31, 1926, 24,672; rats found infected, 234.
Recreo (country estate)	do	1		Jan. 1-Dec. 9, 1925: Cases, 138. Corresponding period, 1924: Cases, 365.
Egypt:				
Beni Suef	Nov. 18	1	1	
Fayoum Province	Dec. 3-9	1	1	
Greece:				
Athens	Nov. 1-30	18	4	Including Piraeus.
Do.	Jan. 1-31	14	3	
Herakleion	Feb. 4	1		On island of Crete.
Patras	Nov. 13-Dec. 12	4	1	
Hawaii Territory:				
Paauilo				
India				
Bombay	Dec. 6-12	1	1	Jan. 29, 1926: Plague-infected rat found in vicinity.
Do.	Jan. 3-9	2	2	Oct. 18-Dec. 26, 1925: Cases, 13,259; deaths, 9,344. Dec. 27, 1925-Jan. 2, 1926: Cases, 1,876; deaths, 1,533.
Calcutta	Dec. 6-12	1	1	
Karachi	Nov. 1-Dec. 19	4	3	
Madras	Oct. 25-Nov. 7	75	41	
Do.	Nov. 15-21	35	22	
Do.	Dec. 20-26	108	64	
Do.	Jan. 3-9	135	83	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to March 19, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
India—Continued.				
Rangoon	Oct. 25-Dec. 26	23	15	
Do.	Dec. 27-Jan. 23	14	12	
Indo-China				September, October, 1925: Cases, 25; deaths, 23. September, 1924, fatal, 12.
Province—				
Cambodia	Sept. 1-30	11	11	September, 1924: Cases, 9; deaths, 9.
Cochin China	September-Octo-ber.	14	12	September, 1924; 1 case, 1 death.
Iraq:				
Bagdad	Dec. 13-Jan. 2	7	3	
Do.	Jan. 24-30		4	
Java:				
Batavia	Oct. 24-Nov. 6	94	89	Provinee.
Do.	Nov. 14-Jan. 1	315	297	
Do.	Jan. 2-22	121	117	
Cheribon	Sept. 27-Oct. 17		166	
Do.	Nov. 15-Dec. 19		96	
Djokjakarta	Oct. 20-Nov. 9			Epidemic in 1 locality.
Kediri	Dec. 7			Do.
Pekalongan	Sept. 27-Oct. 17		42	
Do.	Nov. 8-Dec. 19		131	Do.
Rembang	Oct. 20			
Surabaya	Oct. 11-Dec. 26	59	59	
Do.	Dec. 27-Jan. 9	16	16	
Tegal	Sept. 27-Oct. 17	6	6	
Do.	Nov. 8-Dec. 19		29	
Madagascar				Nov. 1-30, 1925: Cases, 232; deaths, 220.
Province—				
Itasy	Sept. 16-Oct. 31	20	20	
Do.	Nov. 16-30	13	13	
Moramanga	Sept. 16-Nov. 30	25	25	
Tananarive	do	368	341	
Town—				
Fort Dauphin	do	6	3	
Tamatave (port)	Sept. 16-30	3	2	
Do.	Oct. 16-Nov. 30	9	9	
Tananarive	Sept. 16-30	2	2	
Do.	Nov. 1-30	11	11	
Mauritius Island	Sept. 20-Dec. 26	21	18	
Pamplemousses	Oct. 1-Nov. 30	3	2	
Port Louis	do	4	1	
Rivière du Rempart	do	2		
Netherlands Indies:				
Celebes Island—				
Makassar	Dec. 12			Epidemic.
Do.	Jan. 6-12	2	2	
Nigeria	August-October	496	371	
Peru:				
Huacho	Jan. 26	15		
Lima	Jan. 1-31	20		In hospital. Some cases in prov-ince.
Mollendo	do			12 or 15 cases reported unoffi-cially.
Russia	May-June	67		
Do.	July-September	157		
Senegal	September-Octo-ber	45	25	
Siam				
Bangkok	Aug. 23-Oct. 31	53	43	
Do.	Nov. 15-28	3	3	
Straits Settlements:				
Singapore	Jan. 3-23	38	32	
Syria:				
Beirut	Nov. 1-Dec. 5	8	8	
Union of South Africa:				
Cape Province—				
Kimberley district	Dec. 13-19	1		
Middleburg district	Dec. 6-12	1		European.
Steynsburg district	Nov. 15-21	1		Native. On farm.
Orange Free State—				
Boshof district	Nov. 20-Dec. 5	1	1	In native.
Bothaville district	Dec. 6-12	1	1	Native. On farm.

March 26, 1926

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from December 26, 1925, to March 19, 1926—Continued
PLAQUE—Continued

Place	Date	Cases	Deaths	Remarks
On vessel: Steamship Cid.....				Jan. 29, 1926. At Buenaventura, Columbia. Rat was killed while jumping ashore from vessel. (See Public Health Reports, Feb. 26, 1926, p. 408.)

SMALLPOX

Algeria:				
Algiers.....	Nov. 21-Dec. 31.....	177		
Do.....	Jan. 1-10.....	64		
Do.....	Jan. 21-31.....	36		
Arabia:				
Aden.....	Nov. 29-Dec. 5.....	1		
Do.....	Jan. 10-Feb. 6.....	3	1	Imported.
Argentina:				
Rosario.....	October.....		1	
Australia:				
Queensland— Brisbane.....	Dec. 9-15.....	1		
Bahamas.....				In Nassau district. Stated to have been imported. Reported under date of Feb. 23, 1926.
Brazil:				
Para.....	Jan. 10-30.....	25	5	
Rio de Janeiro.....	Nov. 1-28.....	134	72	
Do.....	Dec. 6-26.....	65	26	
Do.....	Dec. 27-Jan. 16.....	37	29	
British East Africa:				
Kenya— Mombasa.....	Nov. 15-Dec. 19.....	14	6	
Do.....	Dec. 27-Jan. 2.....	1		From mainland.
Uganda Protectorate.....	Sept. 1-Oct. 31.....	8	4	
British South Africa:				
Northern Rhodesia.....	Jan. 5-11.....	2		
Southern Rhodesia.....	Nov. 13-Dec. 23.....	3		
Canada.....				Sept. 13-Jan. 2: In 7 Provinces, 186 cases. Jan. 3-23, 1926, cases, 115. Jan. 31-Feb. 6, 1926, cases, 33. Feb. 21-27, 1926, cases, 36.
Alberta.....	Jan. 10-Feb. 27.....	20		
Calgary.....	Dec. 13-19.....	1		From Drumheller, vicinity of Calgary.
British Columbia— Vancouver.....	Jan. 4-10.....	1		
Manitoba— Winnipeg.....	Jan. 3-Feb. 27.....	26		
Do.....	Dec. 13-19.....	2		
New Brunswick— Northumberland.....	Jan. 3-Feb. 6.....	9		
Ontario:				
Dec. 6-13.....		1		
December, 1925.....		32	1	
Do.....	Jan. 1-Feb. 13.....	103		
Do.....	Feb. 21-27.....	19		
Admaston.....	Jan. 1-31.....	11		
Ottawa.....	Dec. 6-12.....	2		
Do.....	Jan. 3-Feb. 6.....	2		
Toronto.....	Dec. 27-Jan. 2.....	1		
Do.....	Jan. 3-23.....	21		
Do.....	Feb. 6-27.....	4		
Trenton.....	Jan. 1-31.....	7		
Saskatchewan.....	Jan. 3-Feb. 13.....	39		
Do.....	Feb. 21-27.....	10		
Moose Jaw.....	do.....	2		
Regina.....	Jan. 24-30.....	1		
Saskatoon.....	Feb. 14-20.....	1		
Ceylon:				
Colombo.....	Dec. 6-12.....	1		Port case.
Do.....	Jan. 3-9.....	2		Do.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from December 26, 1925, to March 19, 1926—Continued
SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China:				
Amoy	Oct. 25-Dec. 19		1	
Do.	Jan. 10-30			Present.
Antung	Dec. 7-20	2		
Chungking	Nov. 15-Jan. 23			Do.
Foochow	Nov. 1-Jan. 23			Do.
Hankow	Nov. 14-Dec. 26	4		
Do.	Jan. 10-16	1		
Hongkong	Nov. 22-Dec. 26	4		
Do.	Jan. 3-23	4		
Manchuria—				
An-shan	Dec. 6-12	1		
Do.	Jan. 10-30	3		
Changchun	do	10		South Manchurian Railway.
Dairen	Oct. 19-Dec. 27	73	15	Do.
Do.	Dec. 28-Jan. 17	27	6	
Changchun	Jan. 31-Feb. 6	* 4		
Fushun	Jan. 17-23	1		Do.
Harbin	Jan. 1-7	1		Do.
Kai-yuan	Jan. 10-30	4		Do.
Kungchuling	Jan. 31-Feb. 6	1		
Lio-yang	Jan. 17-23	1		Do.
Mukden	Oct. 24-Nov. 15	1		Do.
Do.	Jan. 24-30	1		Do.
Tieh-ling	do	2		
Nanking	Nov. 21-Dec. 20			Present.
Do.	Dec. 27-Jan. 9			Do.
Shanghai	Oct. 25-Jan. 2	37	36	
Do.	Jan. 3-Feb. 6	39	77	Cases, foreign only.
Swatow	Nov. 22-Jan. 30			
Tientsin	Nov. 1-Dec. 19	2		Prevalent.
Do.	Jan. 23-30	1		
Egypt:				
Alexandria	Dec. 3-31	5	2	
Do.	Jan. 8-14	2	1	
Do.	Jan. 29-Feb. 4	2	1	
Esthonia				November, 1925: Cases, 3.
France				September-October, 1925: Cases, 91.
Gold Coast	September, 1925	14	4	
Great Britain:				
England and Wales				
Hull	Dec. 27-Jan. 23	29		
Do.	Feb. 7-20	6		
Leeds	Jan. 14-Feb. 6	4		
Newcastle-on-Tyne	Nov. 29-Dec. 19	6		
Do.	Dec. 27-Feb. 20	21		
Nottingham	Nov. 22-Dec. 26	9		
Do.	Dec. 27-Jan. 9	2		
Sheffield	Nov. 22-Dec. 12	7		
Do.	Dec. 20-26	3		
Do.	Dec. 27-Feb. 6	12		
South Shields	Feb. 9			
Greece				Reported present in severe form.
Athens	Nov. 1-30	17	1	Oct. 1-31, 1925: Cases, 16.
Do.	Jan. 1-31	23	1	
India				
Bombay	Nov. 8-Dec. 26	26	20	Oct. 18-Dec. 26, 1925: Cases, 19,472; deaths, 4,440. Dec. 27, 1925-Jan. 2, 1926: Cases, 3,869; deaths, 986.
Do.	Dec. 27-Jan. 16	45	22	
Calcutta	Nov. 29-Dec. 26	48	25	
Do.	Dec. 27-Jan. 23	129	63	
Karachi	Nov. 1-21	23		
Do.	Nov. 29-Dec. 5	4	2	
Do.	Dec. 13-19	3		
Do.	Dec. 29-Jan. 30	21	9	
Madras	Jan. 24-30	4	1	
Rangoon	Oct. 25-Nov. 28	3		
Do.	Dec. 6-26	4	1	
Do.	Dec. 27-Jan. 16	13	1	

Latv
Malta
Lat
Mex
A
I
G
M
S
T
N
T
N
Palest
Hung
Persia
Te
Peru:
Ar
Poland

March 26, 1926

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from December 26, 1925, to March 19, 1926—Continued
SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Indo-China				September-October, 1925: Cases, 204; deaths, 62. September, 1924: Cases, 78; deaths, 22.
Province—				
Annam	Sept. 1-Oct. 31	90	23	September, 1924: Cases, 8; deaths, 2.
Cambodia	do	72	30	September, 1924: Cases, 16; deaths, 1.
Cochin China	do	61	30	September, 1924: Cases, 43; deaths, 19.
Saigon	Dec. 21-27	2	1	Including 100 kilometers of surrounding country.
Do.	Jan. 1-17	2		
Tonkin	Dec. 2-Jan. 2	22		
Iraq				Sept. 6-Oct. 17, 1925: Cases, 81; deaths, 40.
Bagdad	Nov. 1-Dec. 26	19	15	
Do.	Dec. 27-Jan. 30	11	4	
Italy				Aug. 2-Oct. 31, 1925: Cases, 38.
Genoa	Jan. 21-Feb. 10	4		
Rome	Oct. 12-25	1		
Jamaica				Nov. 29-Dec. 26, 1925: Cases, 95. Dec. 27-Jan. 30, 1926: Cases, 138. Reported as alastrim. Do.
Kingston	Nov. 29-Dec. 26	43		
Do.	Dec. 27-Jan. 30	48		
Japan				
Taiwan	Nov. 11-Dec. 10	3		
Yokohama	Dec. 14-20	1		
Do.	Feb. 23	7		
Java:				
Batavia	Oct. 24-30	1		
Do.	Nov. 14-Dec. 25	7		
Buitenzorg	Nov. 29-Dec. 5	1		
Cheribon	Nov. 8-Dec. 12	2		
Kraksaan	Oct. 11-17	11		
Malang	Oct. 11-Jan. 2	3		
North Bantam	Oct. 4-17	4		
Pekalongan	Oct. 25-31	1		
Probolinggo	Oct. 11-17	1		
Surabaya	Oct. 11-Dec. 26	633	104	
Do.	Dec. 27-Jan. 9	42	16	
South Bantam	Oct. 11-17	1		
Tegal	Oct. 4-10	9	1	
Latvia				December, 1925: Cases, 3.
Malta	Nov. 1-Dec. 31	21	3	
Do.				
Mexico				Jan. 1-31, 1926: Cases, 15. July-September, 1925: Deaths, 1,157.
Aguascalientes	Dec. 13-Jan. 2	4	3	
Do.	Jan. 3-30		7	
Do.	Feb. 14-27		4	
Durango	Dec. 1-31		1	
Do.	Jan. 1-31		2	
Guadalajara	Dec. 27-Mar. 1		11	
Mexico City	Nov. 28-Dec. 5	1		Including municipalities in Federal District. Do.
Do.	Jan. 3-Feb. 6	4		
San Luis Potosi	Jan. 17-Feb. 27		33	
Tampico	Dec. 21-Jan. 2	1	1	
Do.	Jan. 2-Feb. 20	5		
Torreón	Nov. 1-Dec. 31		51	
Do.	Jan. 1-31		33	
Netherlands:				
The Hague	Jan. 30-Feb. 6	1	1	Aug.-Oct., 1925: Cases, 211; deaths, 6.
Nigeria				
Palestine:				
Hebron	Jan. 26-Feb. 1	2		
Persia:				
Teheran	July 23-Oct. 22		465	
Peru:				
Arequipa	Oct. 1-Dec. 31		2	
Poland				Nov. 1-28, 1925: Cases, 9.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from December 26, 1925, to March 19, 1926—Continued
SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Portugal:				
Lisbon	Oct. 4-31	124		
Do.	Nov. 16-Dec. 27		60	
Do.	Nov. 14-Dec. 26	187		
Do.	Dec. 27-Jan. 31	40	23	
Oporto	Nov. 22-Dec. 19	2	3	
Do.	Dec. 27-Feb. 13	2	1	
Russia				
Do.	July-August	760		
Siam				
Bangkok	Dec. 20-25	3	1	
Do.	Dec. 26-Jan. 23	13	1	
Sierra Leone:				
Konno district	Dec. 16-31	5		
Spain:				
Madrid	Year 1925		18	
Malaga	Nov. 29-Dec. 5		2	
Do.	Dec. 27-Jan. 2		1	
Valencia	Dec. 20-26	1		
Do.	Dec. 27-Jan. 2	1		
Do.	Jan. 10-Feb. 6	9		
Straits Settlements:				
Singapore	Dec. 20-26	1		
Switzerland				
Lucerne	Oct. 1-Nov. 30	8		
Zurich	Dec. 27-Jan. 2	1		
Trinidad (West Indies):				
Port of Spain	Jan. 22	1		
Tunisia:				
Tunis	Nov. 21-30	2		
Do.	Dec. 11-31	10	1	
Do.	Jan. 1-20	5		
Union of South Africa:				
Cape Province	Jan. 17-23			
Orange Free State—				
Kuruman district	Jan. 10-16			
Ladybrand district	Dec. 27-Jan. 2			
Transvaal—				
Belfast district	do			
Germiston district	Jan. 2-9			
Pretoria district	Dec. 6-12			
On vessel	Feb. 21	2		

May-June, 1925: Cases, 2,333.

July 12-Sept. 5, 1925: Cases, 21; deaths, 6.

TYPHUS FEVER

Algeria:				
Algiers	Nov. 1-Dec. 20	2		
Argentina:				
Rosario	Oct. 13-Dec. 31	2		
Bulgaria:	Sept. 1-Nov. 30	29	2	
Sofia	Dec. 25-31	1		
Do.	Jan. 8-14	2		
Chile:				
Valparaiso	Nov. 29-Jan. 2		2	
China:				
Antung	Nov. 29-Dec. 27	5	1	
Do.	Jan. 4-10	1		
Hongkong	Dec. 27-Jan. 2	1		
Manchuria—				
Harbin	Dec. 17-Feb. 4	3		
Czechoslovakia:	October-November	94		
Egypt:				
Alexandria	Jan. 8-14	1		
Cairo	Nov. 5-11	2	2	
Port Said	Nov. 19-25	1		
Finland				
France	July-October	4		
Germany	Oct. 25-31	1		
Greece:				
Athens	Nov. 1-30	11	2	
Do.	Jan. 1-31	19	4	
Saloniki	Dec. 29-Jan. 4	1		
Hungary				

October, 1925: 1 case.

November, 1925: Cases, 3.

March 26, 1926

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from December 26, 1925, to March 19, 1926—Continued
TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Ireland:				
Cork County—				
Cork.....	Dec. 26-Jan. 1.....	2		
Do.....	Jan. 2-8.....	5		
Dumanway.....	Nov. 14.....	1		
Galway County.....	Oct. 17.....	1		
Latvia.....	October-December.....	4		
Lithuania.....				
Mexico.....				
Aguascalientes.....	Dec. 14-19.....	1		
Durango.....	Dec. 1-31.....		1	
Do.....	Jan. 1-31.....		1	
Guadalajara.....	Dec. 8-28.....		2	
Do.....	Dec. 29-Jan. 4.....		1	
Mexico City.....	Nov. 22-Dec. 26.....	145		
Do.....	Dec. 27-Feb. 20.....	58		
San Luis Potosi.....	Feb. 6-13.....		1	
Tampico.....	Dec. 21-Jan. 10.....	1	1	
Torreon.....	November, 1925.....		1	
Vera Cruz.....	Feb. 12.....		1	
Morocco.....	August-November.....	39		
Norway.....				
Palestine:				
Gaza.....	Dec. 18.....	1		
Jaffa.....	Dec. 1-7.....	1		
Nazareth.....	Nov. 3-9.....	1		
Safad.....	Nov. 24-30.....	1		
Tel-Aviv.....	do.....	1		
Peru:				
Arequipa.....	October-December.....		3	
Poland.....	Oct. 11-Nov. 14.....	142	16	
Rumania.....				
Russia.....				
Do.....				
Turkey:				
Constantinople.....	Jan. 24-30.....	3		
Union of South Africa.....				
Cape Province.....	Oct. 1-31.....	63	5	
Do.....	Nov. 8-Dec. 31.....	47	8	
Do.....	Jan. 3-23.....			
Middleburg district.....	Dec. 6-12.....	1		
Natal.....	Oct. 1-Dec. 5.....	1		
Durban.....	Jan. 3-16.....	1		
Orange Free State.....	Nov. 29-Dec. 5.....	23	1	
Do.....	Dec. 1-31.....	8	1	
Bethulia district.....	Dec. 6-12.....	1		
Bothaville district.....	do.....	1		
Transvaal.....	Oct. 1-31.....	1	1	
Do.....	Dec. 1-31.....	18		
Bloemhof district.....	Dec. 27-Jan. 2.....			

YELLOW FEVER

Gold Coast.....	September- October.	2	1	
Nigeria.....	August-October....	3	2	
Senegal.....	November, 1925.....	3	2	